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House Document

No. 269

FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
JANUARY 1–DECEMBER 31, 1999
VOLUME 3 OF 3

United States Congressional Serial Set

Serial Number 14650

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Washington : 2002

106th Congress, 2d Session - - - - - - - - - - - - - House Document 106–269

FINANCIAL DISCLOSURE
REPORTS
OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

January 1, 1999 to December 31, 1999

COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO RULE XXVII, CLAUSE 1, OF THE HOUSE RULES

(Volume 3 of 3)

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LETTER OF SUBMITTAL

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, July 19, 2000.

Hon. J. DENNIS HASTERT,
The Speaker, The Capitol,
House of Representatives, Washington, DC.

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended, 5 U.S.C. app. § 101–111 (1994), and the House Rule XXVII.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XXVII by May 15, 2000. The compilation includes reported financial transactions which occurred between January 1, 1999 and December 31, 1999.

House Rule XXVII provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With best wishes, I am

Sincerely,

JEFF TRANDAHL,
Clerk, House of Representatives.

Enclosures.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LATIVE RESOURCE CENTER
00 MAY 12 PM 2:36
OFFICE OF THE CLERK
HAND DELIVERED
(Office Use Only)

Ralph Regula
(Full Name)

2309 Rayburn HOB
(Mailing Address)

(202) 225-3876
Daytime Telephone

Washington, DC 20515

Filer Status	[x] Member of the U.S. House of Representatives	State Ohio District 16th	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 10, 2000

3677

Name	Ralph Regula	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Ohio PUblic Employees Retirement System	Employer Employee Funded Retirement Pension	$5,705.00

For payments to charity in lieu of honoraria, use Schedule II.

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Name Ralph Regula	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	American Council on Education Fellows Program	Participation in Federal Budget Exercises	June 8, 1999	$1,000.00
	American Iron and Steel Institute	Speech	March 9, 1999	1,000.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A	Block B											Block C							Block D											Block E
				A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock					X								X										X							P
			Simon & Schuster				Indefinite															Royalties									X		
			1st Bank of Paducah, KY accounts						X									X									X						
United Bank--Stocks and Savings, Including IRA										X						X		X									X						
J.M. Smucker - Stock							X									X									X								
Crown Cork & Seal, Inc							X									X									X								
Sky Financial Group, Formerly CBC Bank-Stock&IRA								X								X		X								X							

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ralph Regula

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Undivided ½ Int. in 25 acres, Beth. Twp., Stark County, Ohio					X									Royalty Rent									X									
	200 acres, Beth. Twp., Stark County, Ohio, Exclusive of residences (2)						X								Royalty Rent									X									
	T&C ~~Credit Union,~~ Canton, Ohio, IRA(Savings Acct.)		X	CLOSED	OUT											X							X									
	Wayne Nat'l -IRA(Savings Acct.)		X	CLOSED	OUT											X							X									
	Regula Bros., Beach City, Ohio - Partnership - Livestock, Farm Equipment, ~~Transportation Equipment~~						X								Partnership Distribution								X									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name: Ralph Regula

Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	None														

This page may be copied if more space is required.

Name	Ralph Regula	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	United Bank	Business Loan			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

3683

Name	Ralph Regula	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Regula Brothers Partnership
Trustee	Mt. Union College
Trustee	Stark Wilderness Center
Trustee	McKinley Museum

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Silvestre Reyes
(Full Name)

732 Azalea
(Mailing Address)

El Paso TX 79922

Daytime Telephone 202-225-4831

HAND DELIVERED

(Office Use Only)

3

Filer Status	[X] Member of the U S House of Representatives	State District TX 16	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		06/12/00

3685

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:*	SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT Bank of The West		$1,001 - $15,000	Interest	$1 - $200	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Ruidoso State Bank, Ruidoso, NM	Mortgage on Land - Ruidoso, NM	$50,001 - $100,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK'S OFFICE
00 MAY 15 PM 4:26

(9)

Thomas M Reynolds
(Full Name)
8261 Old Post Rd E, East Amherst, NY 14051 (716) 634-2324
(Mailing Address) Daytime Telephone

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U S House of Representatives — State ____ District ____	[ ] Officer or Employee — Employing Office ____	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date ____

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thomas M Reynolds	5/15/00

3688

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US House of Representatives	Salary	124,548
	MJ Peterson Real Estate	Spouse Commissions	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb 2, 1999	$2,000
XYZ Magazine	Article	Aug 13, 1999	$500
New York State Chiropractic College	Speech - Commencement	Dec. 5 1999	$2,000

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Name Reynolds

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock	F $100,001 – $250,000	RENT: X	IV $1,001 – $2,500	P
DC	Simon & Schuster	Indefinite	Royalties		
JT	1st Bank of Paducah, KY accounts	F $100,001 – $250,000	INTEREST: X	VI $5,001 – $15,000	
	Tim Reynolds & Co, Inc Hamburg, NY	C $15,001 – $50,000	Sale of Corp assets	I None	
SP	AgraLand Associates, Inc Hamburg, N.Y.	B $1 – $1,000		I None	
	6200 S. Park Ave Hamburg, N.Y. (1/2 partnership)	F $100,001 – $250,000	RENT: X	I None	
	H102 Shoreline Village Ellicottville, NY (1/2 partnership)	E $50,001 – $100,000	RENT: X	VI $5,001 – $15,000	
	East Hillfields - Subdivision Springville, NY (1/3 partnership)	F $100,001 – $250,000	Sale of lots		
	6300 Boston State Rd Hamburg, NY (1/3 partnership)	D $15,001 – $50,000	building lot	VI $5,001 – $15,000	S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Reynolds

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Key Bank Money Market Acct Buffalo, NY	D X	INTEREST X	III X	
	Erie Co Employees Credit Union Buffalo, NY	D X	INTEREST X	III X	
	New York Retirement System, Albany, NY	D Unknown	Other Type of Income: future pension	III N/A	

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SCHEDULE IV — TRANSACTIONS

Name Reynolds

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	6300 Boston State Rd, Hamburg (1/3 partnership) LOT		X		1/1/99		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Manufacturers & Traders Trust Co Springville, NY	mortgage 6200 Strickle Rd Hamburg, NY		X								
	Seth Abbott Hamburg, NY	mortgage H102 Snowpine Village Ellicottville, NY		X								
	Lloyd Rumfold, Springville, NY	mortgage East Hill Estates Springville, NY	X									
	Marine Midland Bank – HSBC Buffalo, NY	mortgage East Hill Estates Springville, NY		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 8–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Gas Association	March 29-31 1999	Buff NY - Wash DC - Charleston S.C. Wash DC - Buffalo	Y	Y	N	N
	American Israel Education Foundation - Mission to Israel	Aug 17-21, 1999	Buffalo - NY - Tel Aviv, Israel to Newark to Buffalo	Y	Y	N	N
	New York State Association of Realtors	Jan. 16, 1999	Buffalo - Albany - Buffalo	N	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	T.M. Reynolds & Co., Inc.
Real Estate Broker	Thomas M Reynolds Real Estate Broker

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 25 PM 12:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

Robert R. Riley
(Full Name)

700 County Road 5
(Mailing Address)

Daytime Telephone:

Ashland, Alabama 36251

Filer Status	[X] Member of the U.S House of Representatives	State: Alabama District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert R. Riley	5-22-00

Name Robert R. Riley	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Midway Transit	Salary	20,500.00

For payments to charity in lieu of honoraria, use Schedule II.

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Name Robert R. Riley | Page 1 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Randolph Co. AL Utility Bonds				X									X		X								X								
	AL State GO Bonds				X									X		X									X							S
	B'ham Med Crt. Bonds				X									X		X									X							S
	Ford Motor Credit Notes					X								X		X								X								S
	Huntsville AL GO Bonds				X									X		X									X							
	Tarrant City, AL IDB Bonds				X									X		X								X								

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert R. Riley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Eaton Vance AL Tax Free 94				X									X										X								
	Gadsden, AL Med Bd				X									X										X								
	Homewood AL Hosp. Bonds				X									X										X								
	Jefferson Co. AL Bonds				X									X									X									
	Muscoville Water Bonds				X									X									X									
	B'ham Airport Authority Bds				X									X									X									
	Cartland AL Bonds				X									X									X									
	Decatur AL Public Hsg A. Bonds				X									X									X									
	Huntsville, AL IDB Bonds				X									X									X									
	Mobile, AL Pub. Hsg. Bonds				X									X									X									S
	Un. of Alabama IDB Bonds					X								X									X									
	Selma AL IDB Bonds				X									X									X									
	600 C. Rd. 5 House: Lot					X									X									X								
	Ashland Hwy 77 S. House | Lot					X									X									X								
	Ashland 405 E. Orange House: Lot						X								X									X								
	Tuscaloosa Liberty Co. Rd House | lot					X									X										X							
	Ashland 50055 Gulfof Mexico Condo					X									X										X							
	Sarasota - Hwy 98 10 Acres land					X									X										X							
	80 Acres Land Clay Co AL					X									X										X							
	Southland Mfg. - Ashland						X							X	X	X	X										X					
	50% Midway Transit Ashland							X						X	X	X	X										X					
	50% Riley Investments Partnership								X					X	X	X	X										X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Robert R. Riley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	50% Woodland Hills- Partnership							X						X	X	X	X										X					
	EMC-Ltd Partnership				X									X	X	X	X										X					
	50% Ashland Plaza							X						X	X	X	X										X					
	50% Raintree Development					X								X	X	X	X										X					
	5% E.P. Riley Jr. Fmly Ltd Ptrship	X												X		X								X								S
	Exten Industries		X											X		X							X									
	Merry Go Round Enterprises		X											X		X							X									
	Centenial Money Market		X											X		X							X									
	150 Acres. Hwy 31 N Ashland						X							X		X								X								
	700 Beverly Rd 5 600 Acres Farm								X					X		X								X								
	Bham Reg. Med. N.			X										X		X							X									
	Ft Dijia Tur. Trust #227				X									X		X								X								S
	#228				X									X		X								X								S
	#229				X									X		X								X								S
	#238			X										X		X									X							S
	#241				X									X		X									X							S
	#249			X										X		X								X								S
	#252				X									X		X									X							S
	#252				X									X		X								X								S
	#235				X									X		X								X								S
	#265				X									X		X								X								S
	#285				X									X		X								X								S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert R. Riley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Washington D.C. 4051 1st St.							X							X										X						
	Ft. Djia Series # 352				X											X						X									S
	Ft Djia Series # 256				X											X						X									S
	Ft Djia Series # 270				X											X						X									S
	Fidelity Advisory Services			X												X						X									S
	GTE Corp			X												X							X								S
	Healthcare Realty Trust			X												X						X									S
	Ind. Dev. Bd - Dock/Wharf Mobile				X											X						X									S
	Indust. Dev. Bd Montgomery AL				X											X						X									S
	Spl Care Facs Redemption Mutrock			X												X						X									S
	Speed Way Motor Sports			X												X							X								S
	Sylacauga AL 8.15% Bds				X											X							X								S
	Ft. Series # 289	X																X				X									P/S
	Ft DJIA Series # 311	X																X					X								P/S
	Ft DJIA Series # 311	X																X				X									P/S
	Ft DJIA Series # 333	X																X						X							P/S
	FT DJIA Series # 334	X																X								X					P/S
	FT DJIA Series # 350	X																X				X									P/S
	Ft DJIA Series # 350	X																X					X								P/S
	Ft DJIA Series # 354	X																X					X								P/S
	FT DJIA Series # 352	X																X					X								P/S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Robert R. Riley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Airtouch Communications	X															X						X								P/S
	Amgen	X															X							X							P/S
	Atlantic Richfield	X															X							X							P/S
	MCI WorldCom	X															X						X								P/S
	Sun MicroSystems	X															X							X							P/S
	Sun MicroSystems	X															X							X							P/S
	Colgate Palmolive	X															X						X								P/S
	AT&T Corp				X									X		X						X									P
	Compaq Computers				X									X		X						X									P/S
	MicroSoft Corp			X										X		X					X										P
	Pfizer				X									X		X						X									P
	Denver Co. Rev. Bonds			X										X									X								P
	Clay County Health Care				X									X									X								P
	Dothan-Houston Co. Rev. Bds			X										X									X								P
	Indiana IDB Bds			X										X									X								P
	Voyageur Mutual Funds				X									X							X										P
	Delaware Select Group				X									X							X										P
	FT Djia Series #370				X									X							X										P
	FT Djia Series #370				X									X							X										P
	ADC Telecommunications			X										X							X										P
	Adobe Systems			X										X							X										P
	American Intl Group			X										X							X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert R. Riley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Chevron Corp			X										X								X										P
	Columbia/HCA Healthcare			X										X								X										P
	Comcast Corp			X										X							X											P
	Computer Sciences Corp			X										X							X											P
	Enron Corp			X										X								X										P
	Exxon Mobil Corp			X										X								X										P
	First Union Corp			X										X								X										P
	Gannett Corp			X										X								X										P
	Harley Davidson			X										X								X										P
	Hewlett-Packard			X										X								X										P
	Kimberly Clark			X										X								X										P
	Lowe's Companies			X										X								X										P
	MBNA Corp			X										X								X										P
	Marsh & McLennan Co.			X										X								X										P
	Merck & Company			X										X								X										P
	Pepsico Inc.			X										X								X										P
	Pharmacia & Up John			X										X								X										P
	Procter & Gamble			X										X								X										P
	SBC Communications			X										X								X										P
	Southwest Airlines			X										X								X										P
	Staples, Inc.			X										X							X											P
	3Com Corp			X										X							X											P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Robert R. Riley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Time Warner Inc.			X										X							X											P
	U.S. West Inc.			X										X								X										P
	Viacom Inc.			X										X								X										P
	Pitney Bowes			X										X																		P
	AT:T Liberty Media			X										X									X									P
	America Online			X										X									X									P
	American Express			X										X								X										P
	American Intl Group			X										X								X										P
	Bristol Myers Squibb			X										X								X										P
	CBS Corp			X										X							X											P
	Capital One Fin. Corp			X										X								X										P
	Cisco Systems			X										X							X											P
	Citigroup			X										X							X											P
	Costco Whsl Corp			X										X							X											P
	Dell Computer			X										X							X											P
	Echostar Communications			X										X							X											P
	Freddie Mac			X										X								X										P
	Gap Inc.			X										X								X										P
	General Electric			X										X								X										P
	Guidant Corp.			X										X							X											P
	Home Depot			X										X								X										P
	Infinity Broadcasting			X										X							X											D

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Robert R. Riley

Page 8 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Morgan Stanley Dean Witter			X										X								X										P
	Nokia Corp			X										X								X										P
	Nortel Networks			X										X								X										P
	Oracle Corp			X										X							X											P
	Qwest Communications			X										X							X											P
	Starbucks			X										X							X											P
	Texas Instruments			X										X								X										P
	Vodafone Airtouch Com			X										X								X										P
	Voice Stream Wireless			X										X							X											P
	Yahoo Inc			X										X							X											P

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SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Ft Djia Target 5 Trust Series # 285		X		11-1-99	X									
	Ft Djia Target 5 Trust Series #285		X		11-1-99	X									
	Ft Djia Target 5 Trust Series #289	X			2-1-99		X								
	Ft Djia Target 5 Trust Series # 289		X		11-1-99		X								
	Ft Djia Target 5 Port Series # 311	X			3-1-99	X									
	Ft Djia Target 5 Port Series #311		X		6-25-99	X									
	Ft Djia Target 5 Port Series # 311	X			3-11-99		X								
	Ft Djia Target 5 Port Series # 311		X		11/1/99		X								
	Ft Djia Target 5 Port Series # 333	X			5-3-99	X									
	Ft Djia Target 5 Port Series # 333		X		11-1-99	X									
	Ft Djia Target 5 Port Series # 334	X			6-1-99		X								
	Ft Djia Target 5 Port Series # 334		X		11-1-99		X								
	Ft Djia Target 5 Port Series # 350	X			8-2-99		X								
	Ft Djia Target 5 Port Series #350		X		9-9-99		X								
	Ft Djia Target 5 Port Series # 350	X			8-3-99	X									
	Ft Djia Target 5 Port Series # 350		X		9-9-99	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Ft. Djia Target 5 Series #350	X			8-3-99		X								
	Ft Djia Target 5 Series #350		X		11-1-99	X									
	Ft Djia Target 5 Series #354	X			9-1-99		X								
	Ft Djia Target 5 Series #354		X		11-1-99	X									
	Ft Djia Target 5 Series #352	X			10-1-99		X								
	Ft Djia Target 5 Series #352		X		11-1-99		X								
	Birmingham AL. 8.3% Med Clinic Bd. Series B		X		11-10-99		X								
	Birmingham AL. 8.3% Med Clinic Bd. Series B		X		11-10-99	X									
	Ft. Djia Target 5 Trust 1/98 Series #227		X		2-2-99		X								
	Ft Djia Target 5 Trust 1/98 Series #228		X		3-2-99		X								
	Ft. Djia Target 5 Trust #2/98 Series #228		X		3-2-99	X									
	Ft. Djia Target 5 Trust 2/98 Series #228		X		3-2-99	X									
	Ft Djia Target 5 Trust 3/98 Series #235		X		4-6-99	X									
	Ft. Djia Target 5 Trust 4/98 Series #238		X		6-4-99	X									
	Ft Djia Target 5 Trust 5/98 Series #241		X		6-2-99		X								
	Ft Djia Target 5 Trust 5/98 Series #241		X		6-2-99		X								

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SCHEDULE IV — TRANSACTIONS

Name Robert Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Ft Djia Target 5 Trust 5/98 Series # 249		X		6-2-99	X									
	Ft Djia Target 5 Trust 6/98 Series # 249		X		6-25-99	X									
	Ft Djia Target 5 Trust 7/98 Series # 252		X		8-3-99	X									
	Ft Djia Target 5 Trust 7/98 Series # 252		X		8-3-99		X								
	Ft Djia Target 5 Trust 7/98 Series # 252		X		8-3-99		X								
	Ft. Djia Target 5 Trust 8/98 Series # 256		X		9-2-99	X									
	Ft. Djia Target 5 Trust 8/98 Series # 256		X		9-2-99	X									
	Ft Djia Series # 256		X		9-2-99	X									
	Ft. Djia Target 5 Trust 9/98 Series # 265		X		10-4-99	X									
	Ft Djia Target 5 Trust 9/98 Series # 265		X		10-4-99	X									
	Ft Djia Target 5 Trust 9/98 Series # 265		X		10-4-99	X									
	Ft. Djia Target 5 Trust 10/98 Series # 270		X		11-2-99	X									
	Ft. Djia Target 5 Trust 10/98 Series # 270		X		11-2-99	X									
	Fidelity Advisory Series - Growth Opportunity		X		11-1-99	X									
	GTE Corp		X		11-1-99	X									
	Healthcare Realty Trust		X		11-1-99	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Mobile AL. 6.875%		X		8-2-99	X									
	Indl Dev Brd Dock & Wharf Rev. Mobile		X		8-2-99	X									
	Ind. Devl Bd Montgomery Al 6%		X		5-17-99	X									
	SPL Care Facs-Spl Redmt. Motorola		X		11-1-99	X									
	Speed way Motorsports Inc.		X		11-1-99	X									
	Sylacauga AL 8.15% 10-1-99		X		10-1-99	X									
	Alabama 0% GOB Purchase Date Unknown		X		8-31-99	X									
	B'ham AL. 8.3% Med. Clinic Purchase date Unknown		X		11-10-99			X							
	*Ford Motor Credit Senior Notes Purchase Date Unknown		X		9-15-99	X									
	Abbott Laboratories	X			1-25-99	X									
	Abbott Laboratories		X		7-16-99	X									
	Air touch Communications	X			1-26-99	X									
	Air touch Communications		X		6-2-99	X									
	*Am Gen	X			1-25-99	X									
	*Am Gen		X		11-9-99	X									
	Atlantic Richfield Co.	X			3-16-99	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year oltany real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Atlantic Richfield		X		11-18-99	X									
	*BMC Software	X			2-2-99	X									
	* BMC Software		X		3-23-99	X									
	*BMC Software	X			2-26-99	X									
	*BMC Software		X		3-23-99	X									
	Bectn Dickson Co.	X			5-12-99	X									
	Bectn Dickson Co.		X		6-22-99	X									
	Coca-Cola Enterprises	X			1-25-99	X									
	Coca-Cola Enterprises		X		10-5-99	X									
	Coca-Cola Enterprises	X			3-11-99	X									
	Coca-Cola Enterprises		X		10-5-99	X									
	Compaq Computer Corp	X			1-25-99	X									
	Compaq Computer Corp		X		4-19-99	X									
	Conagra	X			1-25-99	X									
	Conagra		X		4-26-99	X									
	Conagra	X			3-2-99	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Conagra		X		4-26-99	X									
	Duke Energy	X			1-25-99	X									
	Duke Energy		X		4-19-99	X									
	Duke Energy	X			2-9-99	X									
	Duke Energy		X		4-19-99	X									
	Fleet Financial Group	X			1-25-99	X									
	Fleet Financial Group		X		4-1-99	X									
	General Dynamics	X			6-25-99	X									
	General Dynamics		X		12-22-99	X									
	General Dynamics	X			11-11-99	X									
	General Dynamics		X		12-22-99	X									
	General Mills, Inc.	X			1-25-99	X									
	General Mills, Inc.		X		12-14-99	X									
	General Mills, Inc.	X			2-16-99	X									
	General Mills, Inc.		X		12-14-99	X									
	General Mills, Inc.	X			11-9-99	X									

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3712

SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	General Mills Inc.		X		12-14-99	X									
	Intel Corp	X			1-25-99	X									
	Intel Corp		X		7-7-99	X									
	*MCI Worldcom	X			1-25-99	X									
	MCI Worldcom		X		3-22-99	X									
	PNC Financial Services Group	X			2-1-99	X									
	PNC Financial Services Group		X		12-27-99	X									
	PNC Financial Services Group	X			11-9-99	X									
	PNC Financial Services Group		X		12-27-99	X									
	Pitney-Bowes Inc.	X			1-25-99	X									
	Pitney Bowes Inc.		X		12-6-99	X									
	Sun Microsystems	X			1-25-99	X									
	Sun MicroSystems		X		10-15-99	X									
	Sun MicroSystems	X			1-25-99	X									
	Sun MicroSystems		X		11-23-99	X									
	Washington Mutual	X			5-6-99	X									

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3713

SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Washington Mutual		X		9-29-99	X									
	Washington Mutual	X			6-21-99	X									
	Washington Mutual		X		9-29-99	X									
	Wellpoint Health Networks	X			2-18-99	X									
	Wellpoint Health Networks		X		10-28-99	X									
	Wellpoint Health Networks	X			3-23-99	X									
	Wellpoint Health Networks		X		10-28-99	X									
	CVS Corp	X			3-19-99	X									
	CVS Corp		X		12-22-99	X									
	CVS Corp	X			11-10-99	X									
	CVS Corp		X		12-22-99	X									
	Cardinal Health	X			3-19-99	X									
	Cardinal Health		X		10-19-99	X									
	Chase Manhattan Corp	X			3-19-99	X									
	Chase Manhattan Corp		X		10-13-99	X									
	Coca-Cola Co.	X			3-19-99	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Coca-Cola Co.		X		10-5-99	X									
	Colgate-Palmolive	X			3-19-99	X									
	Colgate-Palmolive		X		6-14-99	X									
	Walt Disney	X			3-19-99	X									
	Walt Disney		X		6-23-99	X									
	Fannie Mae	X			3-19-99	X									
	Fannie Mae		X		8-10-99	X									
	Gillette Co.	X			3-19-99	X									
	Gillette Co.		X		9-29-99	X									
	Eli Lilly & Co.	X			3-19-99	X									
	Eli Lilly & Co.		X		10-21-99	X									
	Medtronics	X			3-19-99	X									
	Medtronics		X		8-23-99	X									
	Monsanto	X			3-19-99	X									
	Monsanto		X		6-9-99	X									
	Pfizer	X			3-19-99	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-90		X								
	Pfizer Inc.		X		6-14-99	X									
	Providian Financial	X			4-15-99	X									
	Providian Financial		X		6-9-99	X									
	Charles Schwab	X			4-23-99	X									
	Charles Schwab		X		12-9-99	X									
	Charles Schwab	X			6-2-99	X									
	Charles Schwab		X		12-9-99	X									
	Charles Schwab	X			11-10-99	X									
	Charles Schwab		X		12-9-99	X									
	SmithKline Beecham PLC ADR	X			3-19-99	X									
	SmithKline Beechman PLC ADR		X		6-23-99	X									
	5% ED Riley Family LTDPartnership		X		12-31-99	X									
	AT&T Corp	X			6-1-99	X									
	MicroSoft	X			5-15-99	X									
	Denver Colorado Revenue Bonds	X			1-15-99	X									
	Clay County Health Care Bonds	X			1-24-99		X								

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SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-99		X								
	Dothan-Houston Co. Rev. Bonds	X			1-1-99	X									
	Indiana IDB Bonds	X			1-10-99	X									
	Voyageur Mutual Funds	X			1-5-99		X								
	Delaware Select Group	X			2-1-99		X								
	Ft Djia Series #370	X			2-3-99		X								
	Ft Djia Series #370	X			2-3-99		X								
	ADC Telecommunications	X			1-2-99	X									
	ADobe Systems	X			1-2-99	X									
	American Intl Group	X			1-6-99	X									
	Chevron Corp	X			1-8-99	X									
	Columbia / HCA Healthcare	X			1-7-99	X									
	Comcast Corp	X			2-1-99	X									
	Computer Sciences	X			2-2-99	X									
	Enron Corp	X			6-2-99	X									
	Exxon Mobil Corp	X			6-3-99	X									
	First Union Corp	X			6-15-99	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-99		X								
	Gannett Corp	X			5-2-99	X									
	Harley Davidson	X			5-17-99	X									
	Hewlett Davidson	X			5-24-99	X									
	Kimberly Clark	X			5-1-99	X									
	Lowe's Companies	X			5-9-99	X									
	MBNA Group	X			6-3-99	X									
	Marsh & McLennan Co.	X			6-3-99	X									
	Merck & Company	X			6-13-99	X									
	Pepsico Comp.	X			6-26-99	X									
	Pharmacia & Upjohn	X			6-30-99	X									
	Procter & Gamble	X			6-1-99	X									
	SBC Communications "	X			3-2-99	X									
	Southwest Airlines	X			7-4-99	X									
	Staples Inc.	X			4-1-99	X									
	3 Com Corp.	X			4-15-99	X									
	Time Warner Inc.	X			4-16-99	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-00		X								
	U.S. West Inc.	X			11-1-99	X									
	Viacom Inc.	X			10-2-99	X									
	Pitney Bowes	X			4-3-99	X									
	AT&T Liberty Media	X			2-1-99	X									
	America Online	X			5-4-99	X									
	American Express	X			7-2-99	X									
	American Int'l Group	X			9-15-99	X									
	Bristol Myers Squibb	X			10-24-99	X									
	CBS Corp	X			11-5-99	X									
	Capital One Financial Corp	X			8-1-99	X									
	Cisco Systems	X			8-15-99	X									
	Citigroup	X			8-24-99	X									
	Costco Whsl Corp.	X			8-19-99	X									
	Dell Computer	X			10-15-99	X									
	Echostar Communications	X			10-24-99	X									
	Freddie Mac	X			10-23-99	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-00		X								
	Gap, Inc.	X			10-1-99	X									
	General Electric	X			12-2-99	X									
	Guidant Corp.	X			12-13-99	X									
	Home depot	X			12-28-99	X									
	Infinity Broadcasting	X			12-28-99	X									
	Morgan Stanley Dean Witter	X			12-1-99	X									
	Nokia Corp	X			1-2-99	X									
	Nortel Networks	X			4-18-99	X									
	Oracle Corp	X			3-6-99	X									
	Qwest Communications	X			9-1-99	X									
	Starbucks	X			9-17-99	X									
	Texas Instruments	X			10-27-99	X									
	Vodafone Airtouch Communications	X			2-15-99	X									
	Voice Stream Wireless	X			5-4-99	X									
	Yahoo, Inc.	X			1-4-99	X									

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Name Robert Riley | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Citizen's Bank Talladega, AL	Personal Loan			X							
	Southtrust Bank	Personal Loan			X							
	AmSouth Bank	Personal Loan					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Riley & Riley Investments
Partner	Woodland Hills Apartments
Stockholder	E.M.C. Properties, LTD
Stockholder	Midway Transit
Stockholder	Southland Mfg.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2000 62-753 (mac)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE SERVICES DIV
00 APR 18 AM 10: 09
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

LYNN NANCY RIVERS
(Full Name)

518 Second Street Ann Arbor, MI 48103
(Mailing Address)

(202) 225-6261
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives	State ____ District ____	☐ Officer or Employee	Employing Office ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U S C §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lynn N Rivers	4/13/00

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C.—Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Assn for the Advancement of Science	8/28/99 - 9/2/99	Detroit, MI to Tokyo to Detroit	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	MCATS Education & Research Foundation Advisory Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF PUBLIC RECORD CENTER
00 MAY 15 PM 4:24
HAND DELIVERED
(Office Use Only)

(6)

CIRO D RODRIGUEZ
(Full Name)

363 WEST HARDING, SAN ANTONIO, TX 78221
(Mailing Address)

Daytime Telephone: 202/225-1640

Filer Status	☑ Member of the U.S. House of Representatives — State TX District 28	☐ Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ciro D Rodriguez	5-15-00

3726

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SOUTH SAN ANTONIO INDEP SCHOOL DISTRICT, SAN ANTONIO, TX	SPOUSE SALARY	N A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A Asset and/or Income Source		BLOCK B Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP, DC, JT	Examples	SP	Mega Corp Stock				X								X																		P
			Simon & Schuster		Indefinite																Royalties								X			
			1st Bank of Paducah, KY accounts					X									X									X						
	371 W HARDING, SAN ANTONIO TX					X																											
	317 SHRINE, SAN ANTONIO, TX					X										X									X								
	TIAA/CREF RETIREMENT EQUITIES FUND, NEW YORK, NY					X									X		X																
	SAN ANTONIO CREDIT UNION SAN ANTONIO, TX			X											X																		
	SAN ANTONIO TEACHERS CREDIT UNION SAN ANTONIO, TX				X										X																		
	WRIGHT PATMAN CONGRESSIONAL CREDIT UNION WASH DC			X											X																		

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	EDDIE EBNER, SAN ANTONIO, TX	MORTGAGE ON 371 W HARDING SAN ANTONIO, TX	X									
	HOMESIDE LENDING, SAN ANTONIO, TX	MORTGAGE ON 307 SHRINE SAN ANTONIO, TX	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	CONGRESSIONAL HISPANIC CAUCUS INSTITUTE / PG&E CORP	AUG 21-22	SAN ANTONIO, TX - SAN FRANCISCO, CA	Y	Y	N	N
	BOEING CORP & MICROSOFT	AUG 23-24/5	SAN FRANCISCO, CA - SEATTLE WASH - SAN ANTONIO, TX	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	SOUTHWEST CAPITOL FOUNDATION, SAN ANTONIO, TX
BOARD MEMBER	CONGRESSIONAL HISPANIC CAUCUS INSTITUTE, WASH DC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

CIRO D. RODRIGUEZ
28TH DISTRICT OF TEXAS

WASHINGTON, DC OFFICE

323 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–4328
(202) 225–1640

www.house.gov/rodriguez

Congress of the United States
House of Representatives

COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE ON RESEARCH AND DEVELOPMENT
SUBCOMMITTEE ON MILITARY READINESS

COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH

CONGRESSIONAL HISPANIC CAUCUS
SECOND VICE CHAIR

June 13, 2000

(2)

HAND DELIVERED

00 JUN 13 PM 3:54

RECEIVED
CLERK'S OFFICE

Mr. Jeff Trandahl
Clerk of the House
United States House of Representatives
H154 Capitol
Washington, D.C. 20515

✓
MC

Dear Mr. Trandahl:

I write to provide corrections to my financial disclosure documents filed on May 15, 2000. It has come to my attention that we did not fully complete Schedule III. For easy reference, attached is an amended copy reflecting the changes to Block D. The income for 371 Harding should have been marked "None." The income for the TIAA/CREF Retirement Account should have been marked "N/A." The income for each of the three credit union accounts should have been marked "$1 to $200."

Thank you for your attention to this matter.

Sincerely,

Ciro D. Rodriguez

Ciro D. Rodriguez
Member of Congress

jrm/2035156

SAN DIEGO DISTRICT OFFICE
202 E. ST. JOSEPH, SUITE 5
SAN DIEGO, TX 78384–3112
(361) 279–3907

SAN ANTONIO DISTRICT OFFICE
1313 SE MILITARY DRIVE, SUITE 115
SAN ANTONIO, TX 78214–2851
(210) 924–7383

ROMA DISTRICT OFFICE
301 LINCOLN STREET
ROMA, TX 78584
(956) 847–1111

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Eric D. Rodriguez

Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B	Block C	Block D	Block E
		A None; X $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P S E
SP / DC / JT	Examples: SP Mega Corp. Stock	X	X	X	P
	Indefinite Simon & Schuster		Royalties		
	1st Bank of Paducah, KY accounts	X	X	X	
	2211 W HARDING, SAN ANTONIO TX	X		X	
	2C1 SHRINE, SAN ANTONIO TX	X	X	X	
	TIAA/CREF RETIREMENT SERVICES FUND NEW YORK, NY	X	X	N/A	
	SAN ANTONIO CREDIT UNION SAN ANTONIO, TX	X	X	X	
	SAN ANTONIO TEACHERS CREDIT UNION SAN ANTONIO TX	X	X	X	
	WRIGHT PATMAN CONGRESSIONAL CREDIT UNION WASH DC	X	X	X	

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 3:59

Timothy J. Roemer
(Full Name)

2352 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

202-225-3915
Daytime Telephone

MC HAND DELIVERED
(Office Use Only)

(6)

Filer Status	[x] Member of the U.S. House of Representatives	State Indiana District 3rd	[ ] Officer or Employee — Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tim Roemer Timothy J. Roemer	May 15, 2000

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
The Kmart Family Foundation	Participation in the Kids Race Against Drugs	Sept. 22, 1999	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Timothy J. Roemer

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
JT	Proctor & Gamble			X										X								X										P
JT	Acorn Fund				X									X			X								X							
JT	Third Avenue Fund			X										X								X										
JT	E*Trade Securities		X											X								X										P
JT	Cisco Systems				X									X							X											P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Timothy J. Roemer

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	Cong. Fed. Credit Union			X												X						X										
JT	Vanguard U.S. Growth				X									X			X							X								
JT	Vanguard Health Care			X										X			X						X									
JT	Vanguard Int'l. Growth				X									X			X							X								
JT	Oakmark Fund				X									X			X								X							

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SCHEDULE IV — TRANSACTIONS

Name Timothy J. Roemer

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
JT	Proctor & Gamble (less than $1000)	X			12-17-99										
JT	E*Trade Securities	X			6-7-99 7-14-99	X									
JT	Cisco Systems	X			2-5-99 4-7-99 6-7-99	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute (Bipartisan Congressional Retreat)	Mar. 19-21	Washington, D.C. - Hershey, PA- DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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HAND DELIVERED
(Office Use Only)

James Edward Rogan
(Full Name)
126 Cannon House Office Building
Washington, DC 20515-0527
(Mailing Address)
Daytime Telephone 202-225-4176

Filer Status	[X] Member of the U.S. House of Representatives — State: California District: 27	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	James Rogan	5/11/2000

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Name James E. Rogan | Page ~~2~~ of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock						X							X											X							P
			Simon & Schuster			Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts							X								X										X						
			~~Sale of memorabilia~~ ~~(various items throughout 199)~~ Sale of vintage political memorabilia from Member's personal collection	X															X								X							S

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James E. Rogan

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name James E. Rogan | Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–99		X								

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Name James E. Rogan | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 8–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	H Space Institute (Congressional Cohort)	3/19 - 3/21	Wash DC - Hershey - Wash DC	Y	Y	Y	Registration
	King County Republican Party	6/11 - 6/13	Wash DC - Seattle - Wash DC	Y	Y	N	N
	American Assembly of America	8/30 - 9/7	Wash DC - Yerevan - Wash DC (w/stopover)	Y	Y	N	N
	National Italian American Foundation	8/21 - 9/3	London - Rome - London				
	Assn. of American Physicians & Surgeons, Inc	12/15 - 10/16	Wash, DC - Spokane - LA	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999	Form A For use by Members, officers, and employees

Congressman Harold Dallas Rogers
(Full Name)

2470 Rayburn H.O.B.
(Mailing Address)

Washington DC 20515 — Daytime Telephone (202) 225-4601

Filer Status	[X] Member of the U.S. House of Representatives	State KY District 05	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Harold Rogers	5-25-00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Stock - Caribiner Intl Inc.	$1,001 - $15,000	Dividends	None	P AND S
	Stock - Carnival Corporation	$1,001 - $15,000	Dividends	$1 - $200	P
	Stock - DaimlerChrysler AG ORD	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Stock - DQE Inc.	$1,001 - $15,000	Dividends	$201 - $1,000	P
	Stock - Energy East Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	P
	Stock - Federal Home Loan Mtg. Company	$1,001 - $15,000	Dividends	$1 - $200	P
	Stock - Fleetwood Enterprises	$1,001 - $15,000	Dividends	$1 - $200	P AND S

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Stock - General Electric Co.	$1,001 - $15,000	Dividends	$1 - $200	P
	Stock - ICG Communications Inc.	$1,001 - $15,000	Dividends	None	P
	Stock - Intel Corporation	$50,001 - $100,000	Dividends	$1 - $200	NA
	Stock - International Business Machines	$1,001 - $15,000	Dividends	$1 - $200	P
	Stock - Juno Online Services Inc.	$1,001 - $15,000	Capital Gains and Dividends	$5,001 - $15,000	P AND S
	Stock - Lexmark Intl. Group Inc.	$15,001 - $50,000	Dividends	None	P
	Stock - Lucent Technologies	$1,001 - $15,000	Dividends	$1 - $200	P
	Stock - Merck & Company	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Stock - Open Market Inc.	$1,001 - $15,000	Dividends	None	P
	Stock - Pfizer Inc.	$1,001 - $15,000	Dividends	$1 - $200	P
	Stock - Texas Instruments	$50,001 - $100,000	Dividends	$1 - $200	NA
	Stock - TV Guide Inc. CL A	$1,001 - $15,000	Dividends	None	P
	Stock - Walt Disney Co. (Holding Co.)	$1,001 - $15,000	Dividends	$1 - $200	P
	Stock - Xerox Corp.	$1,001 - $15,000	Dividends	$1 - $200	P AND S
	PaineWebber Resource Management Account Tax-Free Fund Inc.	$1,001 - $15,000	Dividends	$201 - $1,000	P
	Citizens Bancshares, Kentucky (Stock)	$1,000,001 - $5,000,000	Dividends	$100,001 - $1,000,000	NA
	Congressional Federal Credit Union	$50,001 - $100,000	None	None	NA
	Fidelity Magellan Fund	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	IRA - PaineWebber Retirement Money Fund	$1 - $1,000	Income Not Received Until Retirement	None	P AND S
	IRA - PaineWebber - Lord Abbett Affiliatee Fund CL B	$1,001 - $15,000	Income Not Received Until Retirement	None	P
	IRA - PaineWebber - Lord Abbett Developing Growth Fund CL B	$1,001 - $15,000	Income Not Received Until Retirement	None	P
	IRA - Paine Webber - Tactical Allocation Fund B	$15,001 - $50,000	Income Not Received Until Retirement	None	P
	IRA - PaineWebber - UNTS Health Care Tr. #4 Pharma & Biotech Portfolio EQ Inv FD Concept Series	$15,001 - $50,000	Income Not Received Until Retirement	None	P
	Stock - Willamette Industries	$1,001 - $15,000	Capital Gains	$201 - $1,000	P AND S
	Stock - Caterpillar Inc.	$15,001 - $50,000	Capital Gains and Dividends	$5,001 - $15,000	S
SP	Mutual Fund - Munivest Fund Inc.	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	
	Beaver Lodge Subdivision, Wayne County, Kentucky	$1 - $1,000	None	None	
SP	Certificate of Deposit - Ponceebank Ponce PR	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Corporate Coupons - McDonalds Corporation Notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Corporate Coupons - Coca Cola FEMSA SA Notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Preferred Stock - American Express Company Capital Trust	$15,001 - $50,000	Dividends	$1,001 - $2,500	
SP	Preferred Stock - LTC Properties Inc. Cuml. Series A	$1,001 - $15,000	Dividends	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Preferred Stock - Prison Realty Trust Inc. Cuml. Series A	$1,001 - $15,000	Dividends	$1,001 - $2,500	
SP	PaineWebber Resource Management Account Money Market Portfolio	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Mutual Fund - Colonial High Yield Securities Fund Class A	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000	
SP	Mutual Fund - Davis Convertible Securities FD Class A	$50,001 - $100,000	Capital Gains and Dividends	$1,001 - $2,500	
SP	Mutual Fund - FBP Contratian Equity Fund	$100,001 - $250,000	Capital Gains and Dividends	$1,001 - $2,500	
SP	Mutual Fund - Federated International Growth Fund Class A	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
SP	Mutual Fund - Hartford Dividend and Growth Fund Class A	$50,001 - $100,000	Capital Gains and Dividends	$201 - $1,000	
SP	Mutual Fund - Investment Co. Amer	$100,001 - $250,000	Capital Gains and Dividends	$1,001 - $2,500	
SP	Mutual Fund - Phoenix Engemann Capital Growth Series CL A	$15,001 - $50,000	Capital Gains and Dividends	None	
SP	Mutual Fund - Pimco Low Duration Fund Class A	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
SP	Mutual Fund - Third Avenue Value Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
SP	Specified Period Annuity - Northwestern Mutual Life	$100,001 - $250,000	Interest	$2,501 - $5,000	
	Stock - Kellogg Co.	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	S
	Stock - Motorola Inc.	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	S
	Stock - Pepsico	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Stock - Rexall Sundown Inc.	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	S
	Stock - Rubbermaid Inc.	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	S
	Stock - Tyco Intl. Ltd.	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Stock - Juno Online Services Inc.	Purchase	6/21/99	$1,001 - $15,000
	Stock - Juno Online Services Inc.	Sold	6/24/99	$1,001 - $15,000
	Stock - Juno Online Services Inc.	Sold	12/21/99	$1,001 - $15,000
	Stock - Willamette Industries Inc.	Purchase	4/12/99	$1,001 - $15,000
	Stock - Willamette Industries Inc.	Sold	4/20/99	$1,001 - $15,000
	Stock - Xerox Corporation	Purchase	6/29/99	$1,001 - $15,000
	Stock - Xerox Corporation	Sold	12/30/99	$1,001 - $15,000
	Stock - Caterpillar Inc.	Sold	4/01/99	$15,001 - $50,000
	Stock - Kellogg Co.	Sold	3/22/99	$1,001 - $15,000
	Stock - Motorola Inc.	Sold	3/22/99	$1,001 - $15,000
	Stock - Pepsico Inc.	Sold	3/22/99	$1,001 - $15,000
	Stock - Pepsico Inc.	Sold	4/22/99	$1,001 - $15,000
	Stock - Rexall Sundown Inc.	Sold	3/22/99	$1,001 - $15,000
	Stock - Rubbermaid Inc.	Sold	3/22/99	$1,001 - $15,000
	Stock - Tyco International Ltd.	Sold	6/29/99	$1,001 - $15,000
	Stock - Carnival Corporation	Purchase	6/24/99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Stock - Carnival Corporation	Purchase	6/29/99	$1,001 - $15,000
	Stock - DQE Inc.	Purchase	6/29/99	$1,001 - $15,000
	Stock - Energy East Corporation	Purchase	4/20/99	$1,001 - $15,000
	Stock - Federal Home Loan Mortgage Company	Purchase	6/24/99	$1,001 - $15,000
	Stock - General Electric Co.	Purchase	7/14/99	$1,001 - $15,000
	Stock - ICG Communications	Purchase	6/23/99	$1,001 - $15,000
	Stock - International Business Machines	Purchase	6/29/99	$1,001 - $15,000
	Stock - Lucent Technologies Inc.	Purchase	6/23/99	$1,001 - $15,000
	Stock - Open Market Inc.	Purchase	7/07/99	$1,001 - $15,000
	Stock - Pfizer Inc.	Purchase	6/23/99	$1,001 - $15,000
	Stock - TV Guide Inc. CL A	Purchase	6/23/99	$1,001 - $15,000
	Stock - Walt Disney Co.	Purchase	4/20/99	$1,001 - $15,000
	Stock - Walt Disney Co.	Purchase	4/22/99	$1,001 - $15,000
	PaineWebber Resource Management Account Tax-Free Fund Inc.	Purchase	03/26/99	$1,001 - $15,000
	IRA - Prudential Securities Equity Fund	Sold	04/05/99	$50,001 - $100,000
	IRA - PaineWebber Retirement Money Fund	Purchase	4/5/99	$50,001 - $100,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	IRA - Paine Webber Retirement Money Fund	Sold	6/29/99	$50,001 - $100,000
	IRA - PaineWebber UNTS Healthcare Tr. #4 Pharma & Biotech Portfolio EQ Inv FD Concept Series Reinvest	Purchase	6/29/99	$15,001 - $50,000
	Stock - Lexmark Intl. Group Inc.	Purchase	6/29/99	$1,001 - $15,000
	Stock - Caribiner International Inc.	Purchase	7/07/99	$1,001 - $15,000
	Stock - Caribiner International Inc.	Sold	12/30/99	$1,001 - $15,000
	Stock - Fleetwood Enterprises	Purchase	7/02/99	$1,001 - $15,000
	Stock - Fleetwood Enterprises	Sold	12/30/99	$1,001 - $15,000
	IRA - PaineWebber Tactical Allocation Fund B	Purchase	6/29/99	$15,001 - $50,000
	IRA - Paine Webber Lord Abbett Affiliated Fund Cl B	Purchase	6/29/99	$1,001 - $15,000
	IRA - PaineWebber Lord Abbett Developing Growth Fund CL B	Purchase	6/29/99	$1,001 - $15,000
	Stock - Lexmark Intl. Group Inc.	Purchase	12/30/99	$1,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Association of Airport Executives	January 7 to January 15, 1999	Washington, D.C./Kona, Hawaii/Nashville, TN	Y	Y	N	1/12 thru 1/15/99
U.S. Telephone Association	February 25 to March 2, 1999	Washington, D.C. /Palm Springs, CA/Washington, D.C.	Y	Y	N	2/25 thru 2/27/99
Brown & Williamson Tobacco	April 30, 1999	Washington, D.C. to Louisville	N	N	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

*Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director (unpaid)	Citizens Bancshares, Inc., Somerset, Kentucky

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
00 MAY 15 PM 3:29

Dana Rohrabacher
(Full Name)

2338 Rayburn
Washington, DC 20515
(Mailing Address)

(202) 225-2415
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State ____ District ____	[ ] Officer or Employee — Employing Office ____	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date ____

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Dana Rohrabacher	May 15, 2000

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Committee to Re-elect Dana Rohrabacher	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPT'ED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Morgan Stanley Dean Witter Money Market Fund			X										X									X									
	Allstate Corp. (IRA)			X										X							X											
	Edison Int'l (IRA)			X										X									X									
	Giant Industries Inc (IRA)			X										X							X											
	SBC Communications (IRA)			X										X									X									
	Vodafone AirTouch Pub Ltd (IRA)				X									X							X											

For additional assets and unearned income, use next page.

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SCHEDULE IV — TRANSACTIONS

Name Dana Rohrabacher

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	SBC Communications (IRA)		X		3-16-99	X									
	Giant Industries (IRA)	X			3-16-99	X									
	Airtouch Communications for Vodaphone (IRA)			X	6-30-99	X									
	Allstate (IRA)	X			11-18-99	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Citibank	Credit Card		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Foreign Policy Council	Aug 16-20	Los Angeles - Panama City, Panama City - Los Angeles	Y	Y	N	—
	Harvard University	Dec. 3-9	Los Angeles - Boston, Boston - Wash DC, Wash DC - Los Angeles	Y	Y	Y	3 days
	Taiwan Foundation	Dec 29-Jan 18	Losangeles - Hawaii - Taiwan - Los Angeles	Y	Y	Y	14 days

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
RESOURCE CENTER
00 MAY 10 PM 1:07

Carlos Romero-Barcelo
(Full Name)

2443 Rayburn HOB
Washington, DC 20515
(Mailing Address)

Daytime Telephone
(202) 225-2615

HAND DELIVERED
MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State PR District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Carlos Romero-Barcelo	5/10/00.

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Name	Page
Carlos Romero-Barcelo	1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Commonwealth of Puerto Rico	Pension	$25,300

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None"

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	Examples: Simon & Schuster		Indefinite																	Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
JT	Apt. #11 at Washington St (P. Rico)								X						X												X					
JT	KEOGH Cong. Acct.						X							X											X							
JT	109 5th St. NE, WDC							X							X										X							
JT	Puerto Rico 7 Inc.						X							X											X							
JT	First Bank - Pto. Rico				X									X									X									
JT	Microsoft Corp.					X								X							X											

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carlos Romero-Barcelo

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Weager Means Investors		X											X								X										
JT	Freddy Mac			X										X							X											
JT	Gillete			X										X							X											
JT	Popular Inc.			X										X							X											
JT	R & G Financial			X										X							X											
JT	Stewart Enterprises		X											X							X											
JT	W Holding Co. Inc.			X										X								X										
JT	Cong. Fed. Credit Union			X												X						X										
JT	Walmart Stores Inc.			X										X							X											P
JT	IRA Charles Schwab					X										X								X								

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SCHEDULE IV — TRANSACTIONS

Name

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	IRA Banco Bilbao Vizcaya (transferred to Charles Schwab)			X	1/1/99		X								
JT	Western Bank (change to W Holding Co. Inc)			X	12/3/99	X									
JT	Wal Mart	X			7/1/99	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Banco Bilbao Vizcaya	Mortgage on 57 Washington St. Apt. 11 Puerto Rico				X						
JT	HSBC Mortgage Corp.	Mortgage on 109 5th St. NE Washington, DC					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Massachusetts Teachers Assoc. Joslyn Diabetes Center	May 13/99	Washington, DC	Y	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	RHR Real Estate, Inc. Uncompensated (inactive)
President	RGR Landmark, Inc. " (inactive)
Incorporator	Fundacion Romero Donnelly

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 4:25

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(4)

HAND DELIVERED

(Office Use Only)

Ileana Ros-Lehtinen
(Full Name)

2160 Rayburn Building Washington D.C. 20515 (202) 225-3931
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 18	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ileana Ros-Lehtinen	5-12-00

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Dexter Lehtinen, Attorney at Law - Various law firm clients	Spouse's law pratice	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Cong, Ileana Ros-Lehtinen

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Bank Atlantic-Ft Lauderdale FL		X													X						X										
SP	Community Bank of Homestead FL					X										X										X						
SP	Commercial Bank of FL Miami, FL				X											X								X								
SP	FL State Retirement Plan			X																N/A	X											
	FL State Retirement Plan			X																N/A	X											
SP	Mega Bank Stock, Miami FL		X											X							X											
	(2 IRAs) Community Bank Homestead, FL			X												X					X											
	Community Bank of Homestead			X												X							X									

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SCHEDULE IV — TRANSACTIONS

Name Cong. Ileana Ros-Lehtinen

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	None														

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RECEIPTS SERVICE CENTER
00 MAY 15 AM 11:28
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (Office Use Only)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Steven R. Rothman
(Full Name)

P.O. Box 650
(Mailing Address)

Fair Lawn NJ 07410

Daytime Telephone: 202/225-5061

Filer Status	[X] Member of the U.S. House of Representatives	State: NJ District: 09	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 10, 2000

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Twinks Company, LLC, Fair Lawn, NJ (Real Estate)	Manager's Fee	$10,000.00
	Philip and Muriel Rothman, Fort Lee, NJ (Business)	Manager's Fee	$8,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	* * * N O N E * * *			

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP, Mega Corp. Stock SP, 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
I	American Century 20th Cent. Ultra (Public Employee Benefits Co.)	$15,001 - $50,000	Dividends	$201 - $1,000	NA
I	Dreyfus NJ Money Market Fund	$1,001 - $15,000	Interest	$201 - $1,000	NA
I	Wanaque Valley NJ Reg. Sewer Auth.	$15,001 - $50,000	Interest	$201 - $1,000	NA
I	Goldman Sachs Growth Strategy Fund	$1,001 - $15,000	Dividends	$201 - $1,000	S
I	Bankers Trust St. P. Mkt L.	$1,001 - $15,000	Interest	$201 - $1,000	NA
IRA	Munder Net Net FD CLC	$15,001 - $50,000	Dividends	$1,001 - $2,500	P

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SCHEDULE III – ASSETS AND "UNEARNED" INCOME

IRA	Mercury US Large Cap	$1.001 - $15.000	Dividends	$1.001 - $2.500	P
IRA	Franklin Mutual Shares	$15.001 - $50.000	Dividends	$1.001 - $2.500	P
I	Putnam Voyager Fund	$15.001 - $50.000	Interest	$201 - $1.000	NA
I	Monsanto Co.	$15.001 - $50.000	Dividends	$1 - $200	S
I	Turbochef	$15.001 - $50.000	Dividends	$1 - $200	NA
I	State of Israel	$1 - $1.000	Interest	$1 - $200	NA
I	State of Israel	$1.001 - $15.000	Interest	$1 - $200	S
I	State of Israel	$1 - $1.000	Interest	$1 - $200	NA
I	State of Israel	$1.001 - $15.000	Interest	$1 - $200	NA
I	State of Israel	$1.001 - $15.000	Interest	$1 - $200	NA
IRA	Franklin Mutual Shares	$1.001 - $15.000	Dividends	$201 - $1.000	P
IRA	Merrill Lynch Basic Value Fund	$15.001 - $50.000	Dividends	$201 - $1.000	NA
IRA	Ford Motor Credit Notes	$1.001 - $15.000	Interest	$201 - $1.000	S
IRA	Con Ed Debentures	$1.001 - $15.000	Interest	$1 - $200	S
IRA	Amer. Gen. Corp. Senior Note	$1.001 - $15.000	Interest	$201 - $1.000	S
IRA	Merrill Lynch Fundamental Growth	$1.001 - $15.000	Dividends	None	P
I	250 North Street, Englewood NJ (33% owner)	$100.001 - $250.000	Rent	$15.001 - $50.000	NA
I	4 E. Forest Ave., Englewood, NJ (33% owner)	$100.001 - $250.000	Rent	$5.001 - $15.000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

I	30 Ruta Court., S. Hackensack, NJ (33% owner)	$50.001 - $100.000	Rent	$15.001 - $50.000	(Gift of ownership interest)
I	538-540 Huyler Street, S. Hackensack, NJ (16-2/3% owner)	$15.001 - $50.000	Rent	$5.001 - $15.000	NA
I	550 Huyler Street, S. Hackensack, NJ (16-2/3% owner)	$250.001 - $500.000	Rent	$15.001 - $50.000	NA
I	125 Louis Street, S. Hackensack, NJ (5.7% owner)	$100.001 - $250.000	Rent	$5.001 - $15.000	NA
I	425 Victoria Terrace, Ridgefield, NJ (16 2/3% owner)	$100.001 - $250.000	Rent	$15.001 - $50.000	NA
I	150 Louis Street, S. Hackensack, NJ (16 2/3% owner)	$100.001 - $250.000	Rent	$15.001 - $50.000	NA
PARTNER	Dreyfus, NJ Money Mkt Fund (1/3 owner)	$15.001 - $50.000	Dividends	$201 - $1.000	NA
PARTNER	Fidelity Mun. Money Mkt Fund (1/3 owner)	$15.001 - $50.000	Dividends	$2.501 - $5.000	NA
PARTNER	Citibank Savings Account (1/3 owner)	$1.001 - $15.000	Interest	$201 - $1.000	NA
PARTNER	Roan Mun. Money Mkt. Fd. (5.7% owner)	$1.001 - $15.000	Dividends	$1.001 - $2.500	NA
PARTNER	17793 Southwick Way, Boca Raton, FL (1/3 owner)	$100.001 - $250.000	NA	None	NA
I	NJ Tpke. Auth.	$15.001 - $50.000	Interest	$1.001 - $2.500	S
I	Rutgers St Univ NJ	$15.001 - $50.000	Interest	$2.501 - $5.000	S
I	Hoboken Union City Weehauken	$1.001 - $15.000	Interest	$201 - $1.000	S
I	Irvington NJ Pkg Auth	$15.001 - $50.000	Interest	$1.001 - $2.500	S
I	Jersey City, NJ Ser	$1.001 - $15.000	Interest	$201 - $1.000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

I	New Providence, NJ G.O.	$1.001 - $15.000	Interest	$201 - $1.000	NA
I	New Jersey Eco Dev Auth	$1.001 - $15.000	Interest	$201 - $1.000	S
I	AIM Balanced Fd Cl C	$1.001 - $15.000	Dividends	$201 - $1.000	P
I	Munder Net Net Fd Cl C	$1.001 - $15.000	Dividends	$1 - $200	P
I	Mercury US Large Cap Class C	$15.001 - $50.000	Dividends	$2.501 - $5.000	P
I	Rutgers St Univ., NJ Revs	$15.001 - $50.000	Interest	$201 - $1.000	NA
I	New Jersey St Ed/FACS Auth Rev	$15.001 - $50.000	Interest	$1.001 - $2.500	NA
I	Puerto Rico Elec Power Auth	$1.001 - $15.000	Interest	$201 - $1.000	NA
I	Somerset Cnty NJ Gen Obliga	$15.001 - $50.000	Interest	$201 - $1.000	NA
I	Puerto Rico Gen Obliga. Public Imp.	$15.001 - $50.000	Interest	$1.001 - $2.500	NA
I	Woodbridge Twp NJ Gen Obliga.	$1.001 - $15.000	Interest	$201 - $1.000	NA
I	New Jersey St. Transp. Tr. Fd. Auth.	$15.001 - $50.000	Interest	$201 - $1.000	NA
I	New York State Dorm Auth Revs.	None	Interest	$201 - $1.000	NA
I	New Jersey State Higher Ed Asst. Auth	$50.001 - $100.000	Interest	$1.001 - $2.500	NA
I	US Treasury Note	$1.001 - $15.000	Interest	$1 - $200	NA
I	Sothebys Holding, Inc.	$15.001 - $50.000	Dividends	None	P AND S
I	Kimro Realty Corp. MD Comm	$1.001 - $15.000	Dividends	$1 - $200	NA
I	NAB Exchangable Trust	$1.001 - $15.000	Dividends	$1 - $200	NA
I	Select Ten Dow 984	$1.001 - $15.000	Dividends	$1 - $200	S
I	Select Yr. Ahead USA 99A	$1.001 - $15.000	Dividends	$1 - $200	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	I	ML Fundamental Growth C	$1.001 - $15.000	Dividends	$1 - $200	NA
	I	AIM Balanced Fund Cl.C	$1.001 - $15.000	Dividends	$1 - $200	NA
	I	Wanaque Vy NJ Reg. Sewer	$15.001 - $50.000	Interest	$201 - $1.000	NA
	I	Partner - Summit Checking a/c (1/3 owner)	$1.001 - $15.000	NA	None	NA
*	DC KAREN	M.L. Capital Fund	$15.001 - $50.000	Dividends	$201 - $1.000	NA
	DC KAREN	M.L. Global Fd A.B.	$1.001 - $15.000	Dividends	$201 - $1.000	NA
	DC KAREN	M.L. CMA Fund	$1 - $1.000	Interest	$1 - $200	NA
	DC KAREN	GTE North Inc. Debent	$1.001 - $15.000	Interest	$201 - $1.000	S
	DC KAREN	American General Corp.	$1 - $1.000	Interest	$1 - $200	S
	DC KAREN	NM Ford Motor Credit	$15.001 - $50.000	Interest	$201 - $1.000	NA
	DC KAREN	NM General Motors Accept	$1.001 - $15.000	Interest	$201 - $1.000	S
	DC KAREN	125 Louis Street, S. Hackensack, NJ (5.5% owner)	$15.001 - $50.000	Rent	$5.001 - $15.000	NA
	DC KAREN	45 Ruta Ct., S. Hackensack, NJ (6% owner)	$15.001 - $50.000	Rent	$2.501 - $5.000	NA
	DC KAREN	M Lynch Basic Value Fd	$1.001 - $15.000	Dividends	$201 - $1.000	P
	DC KAREN	Year Ahead USA Port Rol	$1.001 - $15.000	Dividends	$201 - $1.000	P
	DC KAREN	AIM Blue Chp Fd Cl.C	$1.001 - $15.000	Dividends	$201 - $1.000	NA
	DC KAREN	Select Yr. Ahead USA 99 A	$1.001 - $15.000	Dividends	$201 - $1.000	S
	DC JOHN	125 Louis St., S. Hackensack, NJ (5.5% owner)	$15.001 - $50.000	Rent	$5.001 - $15.000	NA
	*	FILER IS TRUSTEE OF HIS CHILD'S TRUST				

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

* DC JOHN	45 Ruta Court, S. Hackensack NJ (6% owner)	$1.001 - $15.000	Rent	$2.501 - $5.000	NA
DC JOHN	M Lynch Basic Value Fund	$1.001 - $15.000	Dividends	$201 - $1.000	P
DC JOHN	ML CMA Fund	$1 - $1.000	Interest	$1 - $200	NA
DC JOHN	M. Lynch Capital Fund	$15.001 - $50.000	Dividends	$201 - $1.000	NA
DC JOHN	GTE North Inc. Debentures	$15.001 - $50.000	Interest	$201 - $1.000	S
DC JOHN	American General C of Note	$1.001 - $15.000	Interest	$201 - $1.000	S
DC JOHN	Bear Stearns Company Note	$1.001 - $15.000	Interest	$201 - $1.000	NA
DC JOHN	Somerset Cnty NJ	$1.001 - $15.000	Interest	$201 - $1.000	S
DC JOHN	AIM Blue Chip Fund Cl.C	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC JOHN	Select Year Ahead USA 99 A	$1.001 - $15.000	Dividends	$1 - $200	S
DC KAREN	Steven R. Rothman Irrev. Life Ins. Trust	$1.001 - $15.000	N/A	None	P
DC JOHN	Steven R. Rothman Irrev. Life Ins. Trust	$1.001 - $15.000	N/A	None	P
DC JOHN	Year Ahead USA Port Rol	$1.001 - $15.000	Dividends	$201 - $1.000	P
DC JOHN	Mercury US Large Cap	$1.001 - $15.000	Dividends	$201 - $1.000	P
I	New Jersey State HSG & MTG FIN	$1.001 - $15.000	Interest	$201 - $1.000	P
I	Aetna Service Fund	$1.001 - $15.000	Dividends	$201 - $1.000	P
I	New Jersey Health Care Facilities	$15.001 - $50.000	Interest	$1.001 - $2.500	P
I	Munder Funds Inc. Net Net	$15.001 - $50.000	Dividends	$1.001 - $2.500	P
I	New Jersey Health Care Facility	$15.001 - $50.000	Interest	$1.001 - $2.500	P
I	New Jersey Eco Dev Auth	$15.001 - $50.000	Interest	$201 - $1.000	P
*	FILER IS TRUSTEE OF HIS CHILD'S TRUST				

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
I	State of Israel	Sold	12/1/99	$1,001 - $15,000
I	Goldman Sachs Growth Strategy Fund	Sold	3/31/99	$1,001 - $15,000
I	Monsanto Co.	Sold	4/20/99	$15,001 - $50,000
IRA	Merrill Lynch Fundamental Growth	Purchase	10/13/99; 9/7/99; 12/13/99	$1,001 - $15,000
IRA	Franklin Mutual Shares	Purchase	6/28/99; 12/29/99	$1,001 - $15,000
IRA	Ford Motor Credit Notes	Sold	6/15/99	$1,001 - $15,000
IRA	Con Ed Debentures	Sold	9/1/99	$1,001 - $15,000
IRA	Amer Gen Corp Senior Note	Sold	10/15/99	$1,001 - $15,000
IRA	Munder Net Net Fd Cl C	Purchase	1/15/99	$15,001 - $50,000
IRA	Mercury US Large Cap	Purchase	6/11/99 & 10/13/99	$15,001 - $50,000
IRA	Franklin Mutual Shares	Purchase	6/4/99	$15,001 - $50,000
I	30 Ruta Court, S. Hackensack, NJ	Purchase	1/1/99	$15,001 - $50,000
I	AIM Balanced Fd. Cl.C	Purchase	4/21/99	$1,001 - $15,000
I	Munder Net Net Fd. Cl.C	Purchase	1/15/99	$1,001 - $15,000
I	Mercury US Large Cap Class C	Purchase	2/24/99	$15,001 - $50,000
I	Mercury US Large Cap Class C	Purchase	4/21/99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
I	New Jersey Eco. Dev. Auth	Purchase	1/19/99	$15,001 - $50,000
I	New Jersey State HSG &MTG FIN	Purchase	8/2/99	$1,001 - $15,000
I	Aetna Ser Fund	Purchase	8/11/99	$1,001 - $15,000
I	New Jersey Health Care Facilities	Purchase	10/5/99	$15,001 - $50,000
I	Munder Funds Inc. Net Net	Purchase	4/16/99	$15,001 - $50,000
I	New Jersey Health Care Facility	Purchase	5/6/99	$15,001 - $50,000
I	NJ Tpke Auth	Sold	1/4/99	$15,001 - $50,000
I	Rutgers State University, NJ	Sold	5/3/99	$15,001 - $50,000
I	Hoboken Union City Weehauken	Sold	8/2/99	$1,001 - $15,000
I	Irvington NJ Pkg Auth	Sold	10/1/99	$15,001 - $50,000
I	New Jersey Eco Dev Auth	Sold	6/8/99	$1,001 - $15,000
* DC KAREN	Mercury US Large Cap	Purchase	2/18/99	$1,001 - $15,000
DC KAREN	NM General Motors Accept	Sold	3/29/99	$1,001 - $15,000
DC KAREN	American General Corp	Sold	10/15/99	$1,001 - $15,000
DC KAREN	M Lynch Basic Value Fund	Purchase	10/13/99	$1,001 - $15,000
DC KAREN	Year Ahead USA Port Rol	Purchase	12/13/99	$1,001 - $15,000
*	FILER IS TRUSTEE OF HIS CHILD'S TRUST			

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SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
DC KAREN	Select Yr. Ahead USA 99 A	Sold	12/13/99	$1,001 - $15,000
DC JOHN	M Lynch Basic Value Fund	Purchase	10/13/99	$1,001 - $15,000
DC JOHN	GTE North Inc. Debentures	Sold	2/16/99	$1,001 - $15,000
DC JOHN	American General C of Note	Sold	10/15/99	$1,001 - $15,000
DC JOHN	Somerset County, NJ	Sold	3/29/99	$1,001 - $15,000
DC JOHN	Year Ahead USA Port Rol	Purchase	12/13/99	$1,001 - $15,000
DC JOHN	Mercury US Large Cap	Purchase	2/18/99	$1,001 - $15,000
DC JOHN	Select Yr Ahead USA 99 A	Sold	12/13/99	$1,001 - $15,000
DC KAREN	Steven R. Rothman Irrev. Life Ins. Trust	Purchase	3/1/99	$1,001 - $15,000
DC JOHN	Steven R. Rothman Irrev. Life Ins. Trust	Purchase	3/1/99	$1,001 - $15,000
I	Sotheby's Holdings Inc.	Purchase	1/15/99	$15,001 - $50,000
I	Sotheby's Holdings Inc.	Sold	2/19/99	$15,001 - $50,000
I	Select Ten 984 Dow	Sold	9/13/99	$1,001 - $15,000
I	Select Yr. Ahead USA 99 A	Sold	12/13/99	$1,001 - $15,000
DC KAREN	GTE North Inc. Debent.	Sold	2/1/699	$1,001 - $15,000

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SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	* * * N O N E * * *		

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SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
* * * N O N E * * *		

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
			N	N	N	
* * * N O N E * * *						

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SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Trustee	John Abraham Rothman 1998 Trust
Trustee	Karen Bena Rothman 1991 Trust
Partner	Twinks Company, L.L.C.
Partner	Roan Partnership, L.P.
Twinks Company, L.L.C. is a tenant in common in these two organizations	Folman Company; Rofol Company

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	* * * N O N E * * *	

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BERRY, VERDUIN & KOCH LLC

CERTIFIED PUBLIC ACCOUNTANTS

DOUGLAS VERDUIN, CPA
ERIC G. KOCH, CPA
ALBERT C. BERRY, CPA, RETIRED

PATRICIA A. ZIMMER, CPA

May 5, 2000

Congresswoman Margaret Roukema
22-44 Rayburn
House of Building
Washington, D.C. 20515

We have compiled the Financial Disclosure Statement for the Honorable Margaret Roukema for the year ended December 31, 1999 included in the accompanying prescribed form in accordance with statements on standards for accounting and review services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the United States House of Representatives information that is the representation of the Honorable Margaret Roukema. We have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any other form of assurance on them.

This financial statement is presented in accordance with the requirements of the United States House of Representatives, which differ from generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

Berry Verduin + Koch

BERRY, VERDUIN & KOCH, LLC
Certified Public Accountants

190 FRANKLIN AVENUE RIDGEWOOD, NEW JERSEY 07450
TEL: 201-444-8800 FAX: 201-444-0299

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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(Office Use Only)

Margaret Roukema
(Full Name)

249 Greenway Road
(Mailing Address)

Ridgewood, NJ 07450

Daytime Telephone: 202-225-4465

Filer Status	[x] Member of the U.S. House of Representatives — State: NJ District: 5	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Margaret Roukema	5/9/00

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Medical Practice	Spouse Schedule C	N/A
	Christian Healthcare Center	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock					X							X										X								P
			Simon & Schuster			Indefinite															Royalties									X			
			1st Bank of Paducah, KY accounts						X								X										X						
SP	Haworth Press				INDEFINITE																ROYALTIES	x											
	Ridgewood Savings & Loan				x												x						x										
	Bank of New York				x												x						x										
	Congressional Federal Credit Union			x													x						x										
	Merck & Co.					x									x									x									
	Bristol Myers Squibb						x								x									x									

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Margaret Roukema

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
	Intel Corp						x							x								x										
	Proctor & Gamble				x									x									x									
	Catepillar, Inc.				x									x									x									
	Motorola, Inc.				x									x								x										
	Cisco				x									x							x											P
	~~Donaldson Lufkin & Jenrette-MA~~					x								x									x									
	Bank of NY IRA			x												x						x										
SP	Bank of NY IRA			x												x						x										
	PSE&G		x											x								x										
SP	TIAA/CREF													Annuitized Pension												x						
SP	Keough Plan-Prudential Securities:																															
SP	AIM - Weingarten Fund				x									x			x					x										
SP	American Express				x									x									x									
SP	Becton Dickinson				x									x									x									P
SP	Coca Cola				x									x									x									
SP	Prudential Equity Income B				x									x			x						x									
SP	Prudential Moneymart Assets				x									x											x							
SP	PSE&G				x									x										x								P
SP	Zweig Apprec Fund A				x									x			x						x									
SP	Gillette Company				x									x									x									P
SP	TSL Holdings	x																		NONE	x											
SP	Putnam New Opportunities					x											x									x						

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Margaret Roukema

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Prudential Utility Fund				X									X									X									
	Thrift Savings Plan					X										X									X							

This page may be copied if more space is required.

3800

SCHEDULE IV — TRANSACTIONS

Name Margaret Roukema

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	Becton Dickinson	x			12/1/99		x								
SP	Gillette Company A/O 12/02	x			12/8/99		x								
SP	Public Svc Enterprise Group	x			12/2/99		x								
	Cisco	x			9/30/99	x									

This page may be copied if more space is required.

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Bread for the World

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 3:55

(8)

HAND DELIVERED
(Office Use Only)

Lucille Roybal-Allard
(Full Name)

2435 Rayburn House Office Building Washington, DC 20515 (202) 225-1766
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State CA District 33	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, § 104 and 18 U S C §1001)

Certification	Signature of Reporting Individual	Date (Month Day Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Lucille Roybal-Allard	5/15/2000

3803

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Allard and Associates	Spouse's Consulting Fees	NA
	Department of Energy	Spouse's Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, or E
SP	Examples: SP Mega Corp Stock					X								X										X								P
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
JT	Congressional Federal Credit Union (Checking)					X										X							X									
SP	Bank of America (SEP)				X																NA											
SP	Navy Federal Credit Union (SEP)					X															NA											
SP	Navy Federal Credit Union (Savings)			X												X							X									
SP	Wells Fargo Bank (Checking)				X											X						X										
SP	United Way Credit Union		X													X						X										

For additional assets and unearned income, use next page.

3805

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	MBNA America. P.O. Box 15026 Wilmington, DE 19850-5026	Credit Card Consolidation		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	PG&E Corporation	Aug.20-22	Los Angeles-San Francisco-Los Angeles	Y	Y	N	N

This page may be copied if more space is required.

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	Please see attached.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

Congresswoman Roybal-Allard
BOARDS AND ADVISORY COUNCILS

-Angelus Plaza Activity Center Advisory Council

-Art Share Los Angeles Advisory Board

-Azusa Street Memorial Committee Advisory Board

-Belmont Community Adult School Advisory Council

-California State University, Los Angeles
Edward R. Roybal Center for Applied Gerontology Advisory Board

-Centro Cultural del Sureste "Ateneo Xochipilli"

-Clinica Oscar Romero Board Member

-Chairwoman, Congressional Hispanic Caucus Institute Board

-Downtown Arts Development Association Advisory Board

-HIV/AIDS Community Advisory Council

-Human Services Association Board of Directors

-Huntington Park-Bell-Gage Community Adult School Advisory Council

-Korean American Coalition Honorary Board Member

-Las Madrinas of Ramona High School

-L.A. County /USC Medical Center Advisory Council

-NALEO Educational Fund Board Member

-NALEO Inc.

-Pacific Asian Consortium for Employment (PACE) Youth Build Advisory Committee

-Para Los Niños Advisory Board

-Rio Hondo Boy & Girls Club Advisory Council

-Roosevelt Community Adult School Advisory Council

-Salesian Family Youth Center

-USC Military Advisory Council/Department of Military Science

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 12 AM 11:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(5)

MC HAND DELIVERED
(Office Use Only)

EDWARD RANDALL ROYCE
(Full Name)

1133 Longworth House Office Building
(Mailing Address)

Washington, D. C. 20515

Daytime Telephone 202.225.4111

Filer Status	[X] Member of the U S House of Representatives	State CA District 39	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, § 104 and 18 U S C §1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Edward R Royce	May 11, 2000

3811

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Marriott International, Inc.	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock						X							X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
SP	Procter & Gamble, Spouse IRA				X									X								X										
SP	Cendant Corp. "			X										X							X											S
SP	Duke Energy Corp. "			X										X								X										
SP	Hartford Life, Inc. "			X										X								X										S
SP	Intel Corp. "			X										X								X										
SP	Kimberly Clark Co. "			X										X								X										S

For additional assets and unearned income, use next page.

3813

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name EDWARD RANDALL ROYCE

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Apple Computer Co. Spouse IRA			X										X							X											S
SP	Merck "		X											X								X										S
SP	Sunburst Hospitality "		X											X								X										S
SP	Federated Invest. "			X										X								X										S
SP	Walt Disney Holding Co. "			X										X								X										S
SP	Bridgestreet ACCO "			X										X							X											S
SP	Coca-Cola Co. "			X										X								X										
SP	America Online "				X									X								X										P
SP	Cash in Spouse's IRA			X												X						X										
SP	Cisco "			X										X							X											P
SP	Exodus "			X										X							X											P
SP	Intel "			X										X								X										P
SP	Knight/Trimark "			X										X							X											P
SP	Meditrust Corp. "		X											X							X											S
SP	Apple Computer "	X															X									X						S
SP	Cendant Corp. "	X															X						X									S
SP	Hartford Life "	X															X								X							S
SP	Merck "	X															X					X										S

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SCHEDULE IV — TRANSACTIONS

Name EDWARD RANDALL ROYCE

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	Apple Computer Company		X		09.23.99	X									
SP	Bridgestreet Corporation		X		11.08.99	X									
SP	Cendant Corporation		X		09.07.99	X									
SP	Federated Insurance Inc.		X		09.07.99	X									
SP	Hartford Life		X		09.07.99	X									
SP	Kimberly Clark		X		04.08.99	X									
SP	Merck & Company		X		07.27.99	X									
SP	Meditrust Corporation		X		07.16.99	X									
SP	Sunburst Hospitality		X		07.16.99	X									
SP	Walt Disney Holding Company		X		07.16.99	X									
SP	America OnLine	X			07.16.99	X									
SP	America Online	X			11.08.99		X								
SP	Cisco	X			04.19.99		X								
SP	Exodus	X			12.29.99	X									
SP	Intel	X			04.14.99		X								
SP	Knight/Trimark	X			12.29.99	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Corporate Council on Africa Attend Conference & make presentation.	4.26/27.99	Washington, DC--Houston, TX--Washington, DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
MAIL PROCESSING CENTER
00 MAY 24 PM 12: 25

Bobby Lee Rush
(Full Name)

3534 So. Calumet
(Mailing Address)

202-225-4372
Daytime Telephone

Chicago, Ill 60653

HAND DELIVERED (9)
MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bobby L Rush	5/23/00

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Name Bobby Lee Rush | Page 1 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Citizens For Rush	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Bobby Lee Rush | Page 2 of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500

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Name Bobby Lee Rush | Page 3 of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
		A None	DIVIDENDS	I None	P, S, E
		B $1 – $1,000	RENT	II $1 – $200	
		C $1,001 – $15,000	INTEREST	III $201 – $1,000	
		D $15,001 – $50,000	CAPITAL GAINS	IV $1,001 – $2,500	
		E $50,001 – $100,000	EXCEPTED TRUST	V $2,501 – $5,000	
		F $100,001 – $250,000	QUALIFIED BLIND TRUST	VI $5,001 – $15,000	
		G $250,001 – $500,000	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	VII $15,001 – $50,000	
		H $500,001 – $1,000,000		VIII $50,001 – $100,000	
		I $1,000,001 – $5,000,000		IX $100,001 – $1,000,000	
		J $5,000,001 – $25,000,000		X $1,000,001 – $5,000,000	
		K $25,000,001 – $50,000,000		XI Over $5,000,000	
		L Over $50,000,000			
SP	Mega Corp. Stock	F	DIVIDENDS	V	P
DC	Simon & Schuster	Indefinite	Royalties	IX	
JT	1st Bank of Paducah, KY accounts	F	INTEREST	VI	

Examples:

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Bobby Lee Rush

Page 4 of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name Bobby Lee Rush

Page 5 of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–99		X								

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Name Bobby Lee Rush | Page 6 of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Bd of Directors	Ada S. McKinley Community Services
Member, Bd of	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

HAND DELIVERED

MC
(Office Use Only)

Paul D. Ryan
(Full Name)

P.O. Box 2194
(Mailing Address)

(202)225-3031
Daytime Telephone

Janesville WI 53547-2194

Filer Status	[X] Member of the U.S. House of Representatives	State Wisconsin District First	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

only congressional salary

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Paul D Ryan	5/10/00

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Name	Paul D. Ryan	Page / of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

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Name Paul D. Ryan	Page 2 of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500

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Name Paul D. Ryan | Page 3 of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

				Block B: None (A)	$1 – $1,000 (B)	$1,001 – $15,000 (C)	$15,001 – $50,000 (D)	$50,001 – $100,000 (E)	$100,001 – $250,000 (F)	$250,001 – $500,000 (G)	$500,001 – $1,000,000 (H)	$1,000,001 – $5,000,000 (I)	$5,000,001 – $25,000,000 (J)	$25,000,001 – $50,000,000 (K)	Over $50,000,000 (L)	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None (I)	$1 – $200 (II)	$201 – $1,000 (III)	$1,001 – $2,500 (IV)	$2,501 – $5,000 (V)	$5,001 – $15,000 (VI)	$15,001 – $50,000 (VII)	$50,001 – $100,000 (VIII)	$100,001 – $1,000,000 (IX)	$1,000,001 – $5,000,000 (X)	Over $5,000,000 (XI)	Block E: P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock					X								X										X							P
			Simon & Schuster			Indefinite																Royalties								X			
			1st Bank of Paducah, KY accounts						X									X									X						
	Residence/3 Rental Units								X								X											X					
	Ryan Ltd Ptshp Inv Madison WI															X		X	X			Ltd Ptshp interest					X						
	One-fifth interest in assets owned by Ryan-Hutter Investment Partnership:																																
	Checking CUNA C.U.					X												X							X								

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul D. Ryan

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
	Ryan-Hutter Inv Prtnrshp																														
	Assets continued:																														
	Olde Discount Money Mkt		X													X							X								
	AOL stock			X																	X										P
	AT&T Corp stock			X																	X										P
	Bank of N.Y. stock			X										X								X									
	Bank America stock			X										X									X								
	Bristol Myers Squibb stk				X									X									X								
	Burlington Resources stk													X						sold at a loss		X									S
	Citrix Systems stock			X																	X										P
	ElPaso Nat Gas stock													X			X						X								S
	Erickson L.M. stock			X																	X										P
	Fed Nat Mtge stock				X									X									X								
	Home Depot stock						X							X									X								
	IBM stock			X																	X										P
	Procter & Gamble stk				X									X								X									
	Sun, Microsystems stk			X										X							X										P
	USX-Marathon stock													X						sold loss		X									S
	Viacom stock																			sold loss	X										S
	Wells Fargo stock				X									X									X								
	Triton Energy stock																			sold loss	X										S

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SCHEDULE IV — TRANSACTIONS

Name Paul D. Ryan

Page 5 of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	One-fifth interest in assets sold by														
	Ryan-Hutter Investment Partnership:														
	200 sh Burlington Resources		X		12-9-99	X									
	400 sh USX Marathon		X		12-9-99	X									
	90 sh Viacom		X		12-9-99	X									
	500 sh Triton Energy		X		12-9-99	X									
	One-fifth Purchases by Ryan-Hutter:														
	200 sh America Online	X			8-31-99	X									
	200 sh AT&T	X			12-9-99	X									
	200 sh Citrix Systems	X			12-9-99	X									
	200 sh Erickson LM Tel	X			12-9-99	X									
	100 sh IBM	X			12-9-99	X									
	200 sh Sun Microsystems	X			12-9-99	X									

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Name	Paul D. Ryan	Page 6 of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Anchorbank S.S.B.	Mortgage on 2107 Green Valley Dr. Janesville				X						
	Ryan-Hutter Investment Prtnrshp	Loan, unsecured		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	United Parcel Service	2-25	Milwaukee - Atlanta - Wash. DC	N	N	N	N
	Heritage Foundation	4-23	Philadelphia - Milwaukee	N	N	N	N

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Name	Paul D. Ryan	Page 9 of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK'S RECORDS CENTER
00 MAY 15 PM 2:22
HAND DELIVERED
(Office Use Only)

James R. Ryun
(Full Name)

16718 13th Street
Lawrence, KS 66044
(Mailing Address)

202-225-6601
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State KS District 2	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jim Ryun	5/15/00

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Name Jim Ryun	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Re Sound, Inc.	Appearance Fee	$10,038
	Home School Legal Defense	Spouse honorarium	$500

For payments to charity in lieu of honoraria, use Schedule II.

Name Jim Ryun

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP, DC, JT	Examples: SP Mega Corp Stock; Simon & Schuster; 1st Bank of Paducah, KY accounts	A None; B $1 – $1,000; F $100,001 – $250,000; Indefinite	DIVIDENDS; INTEREST; Other Type of Income: Royalties	IV $1,001 – $2,500; VI $5,001 – $15,000	P; P
JT	Frank Russell Investment Co. c/o Ron Blue & Co. (SEP-IRA)	F $100,001 – $250,000	DIVIDENDS; INTEREST; CAPITAL GAINS	VII $15,001 – $50,000	
JT	Mercantile Bank, KS account	D $15,001 – $50,000	INTEREST	III $201 – $1,000	

For additional assets and unearned income, use next page.

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Prison Fellowship Ministries	Oct. 15-17	Wash, DC - Colorado Springs - Wash, DC	Y	Y	Y	N
	Re Sound, Inc.	June 26-28	Wash, DC - New Orleans - Wash, DC	Y	Y	Y	N
	Home School Legal Defense	Oct 1-3	Wash, DC - Virginia Beach, - Wash, DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
President	Jim Ryun Sports Camps, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
	none	

GPO :2000 62-753 (mac)

Use additional sheets if more space is required.

Ronald Blue & Co., LLC

QUARTERLY INVESTMENT REPORT

JAMES R RYUN SSBT IRA

87106011

December 31, 1999

PORTFOLIO POSITION

Security	Quantity	Price	Market Value	Pct. Assets
U.S. EQUITIES				
Equity I Fund	667.396	37.46	25,000.65	16.5
Equity II Fund	240.234	35.71	8,578.76	5.7
Equity Q Fund	611.628	41.55	25,413.14	16.8
			58,992.55	**38.9**
REAL ESTATE				
Real Estate Securities Fund	570.495	22.86	13,041.52	8.6
INT'L EQUITIES				
Emerging Markets Fund	415.954	12.52	5,207.74	3.4
International Fund	486.270	46.67	22,694.22	15.0
			27,901.96	**18.4**
BONDS				
Fixed I Fund	903.635	20.27	18,316.68	12.1
Fixed III Fund	1,898.289	9.59	18,204.59	12.0
Short Term Bond Fund	720.579	18.03	12,992.04	8.6
			49,513.31	**32.7**
CASH & EQUIV.				
Money Market Fund	2,123.04	1.00	2,123.04	1.4
TOTAL PORTFOLIO			151,572.39	100.0

PORTFOLIO CHANGE

	Current Quarter	Year to Date	Since Inception
Beginning Portfolio Value	138,849.98	135,494.02	0.00
Contributions	0.00	0.00	92,137.75
Withdrawals	0.00	0.00	0.00
Appreciation/Depreciation less fees	12,722.41	16,078.37	59,434.64
Portfolio Value on 12-31-99	**151,572.39**	**151,572.39**	**151,572.39**

PORTFOLIO PERFORMANCE

Asset Class	Current Quarter	Year to Date	Inception to Date
TOTAL PORTFOLIO	9.49%	13.14%	13.02%
U.S. EQUITIES	15.73%	21.20%	25.16%
REAL ESTATE	2.58%	0.45%	9.30%
INT'L EQUITIES	20.38%	32.89%	10.85%
BONDS	0.09%	0.28%	5.80%
CASH & EQUIV.	1.42%	5.26%	5.60%

Portfolio Start Date: 05-23-95
Annualized inception to date returns are calculated from the first full month after start date.
Presented Gross of Advisory Management Fees
Returns for periods of less than one year are not annualized.

UN. 'ED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

00 MAY -5 AM 8:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL

MC (5)
(Office Use Only)

Martin Olav Sabo
(Full Name)

2336 Rayburn House Office Building
(Mailing Address)

Washington DC 20515
Daytime Telephone 202/225-4755

Filer Status	[X] Member of the U S House of Representatives	State MN District 05	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4 104 and 18 U S C 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Martin Olav Sabo	5-4-2000

3841

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Lights Fantastic, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

3842

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples* SP Mega Corp. Stock JT 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
State of MN Retirement Plan	None	Annuity	$5,001 - $15,000	NA
Lutheran Brotherhood (IRA)	$1,001 - $15,000	Interest	NA	NA
Farm Land - North Dakota	$50,001 - $100,000	Rent and Crops	$2,501 - $5,000	NA
First Star Mutual (formerly Mosiac)	$1,001 - $15,000	Interest	$1 - $200	NA
Congressional Federal Credit Union	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
A & P Mutual Fund (formerly IDS Mutual Fund)	$1,001 - $15,000	Interest	$201 - $1,000	NA

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Northern States Power (stock)	$1,001 - $15,000	Dividends	$201 - $1,000	NA
SP	International Savings	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
SP	Keystone Tax Free Fund	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
SP	Mass Mutual	$1,001 - $15,000	Interest	$1 - $200	NA
SP	Paine Weber (IRA)	$50,001 - $100,000	Interest	None	NA
SP	First Minnetonka	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
SP	Intel	$1,001 - $15,000	Dividends	$1 - $200	NA
SP	Pfizer	$1,001 - $15,000	Dividends	$1 - $200	NA

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Assoc. of Airport Executives	Jan. 7-14, 1999	Washington, DC - Honolulu, Hawaii - Washington DC	Y	Y	Y	3 days

INSIDE MAIL

MARTIN OLAV SABO
5th District, Minnesota

2336 Rayburn House Office Building
Washington, D.C. 20515
(202) 225-4755

Commerce at the Crossings #286
250 Second Avenue South
Minneapolis, Minnesota 55401
(612) 664-8000

martin.sabo@mail.house.gov
http://www.house.gov/sabo/

Congress of the United States
House of Representatives
Washington, D.C. 20515

COMMITTEE ON APPROPRIATIONS
Subcommittees
Transportation (Ranking Member)
National Security
Foreign Operations

COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT

DEMOCRATIC POLICY COMMITTEE
Vice-Chair

May 25, 2000

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1

MC

The Honorable Jeff Trandahl
Clerk U.S. House of Representatives
H-154 Capitol
Washington, D.C. 20515

Dear Mr. Trandahl:

I am writing in reference to my Financial Disclosure Statement for 1999. I would like to amend Schedule VII -- Travel Payments and Reimbursements. The following two back-to-back trips were inadvertently omitted:

April 8-9, 1999 - Railway Progress Institute, Inc. - Airfare from Washington, DC to Miami, Florida - Lodging, Food, and Car Transport to West Palm Beach included;

April 10-12, 1999 - Association of American Railroads - Airfare from West Palm Beach, Fl. To Washington, D.C. - Lodging and Food included.

Thank you for your attention to this amendment. If I can provide additional information or you have any questions, please feel free to contact me.

Sincerely,

Martin Olav Sabo

Martin Olav Sabo
Member of Congress

MOS:bg

THIS PAPER MADE WITH RECYCLED FIBERS -- PLEASE RECYCLE

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 2:53
(62)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

LORETTA SANCHEZ
(Full Name)

1529 LONGWORTH
(Mailing Address)

WASHINGTON D.C. 20515

(202) 225-2965
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 46	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Loretta Sanchez	05-14-00

3847

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
K-MART	APPEARANCE	09-22-99	$500 -

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction P, S, E
SP	Mega Corp. Stock					X								X									X								P
DC	Simon & Schuster		Indefinite																	Royalties								X			
JT	1st Bank of Paducah, KY accounts						X									X									X						
SP	HOUSE - 1624 VIA ARRIBA									X					X											X					
JT	AMIGA ADVISORS, INC. - STOCK			X													X				X										
JT	O.C. TEACHERS FED. CREDIT UNION			X												X						X									
	- SAVINGS & CHECKING			X												X							X								
SP	AMERICAN LIFE ANNUITY							X								X									X	[redacted]					
SP	JIM DAVIS FARKS - NOTE				X											X					(sold & disposed)										S

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LORETTA SANCHEZ

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	CROWELL, WEEDON - SAVINGS				X											X							X									
JT	CROWELL, WEEDON - (IRA)				X																											
	- MORGAN STANLEY EMERGING			X										X		X								X								
	- SANTA FE INTL. CORP			X										X			X				X											
JT	CROWELL, WEEDON							X																								
	- GENERAL MOTORS CORP.		X											X			X					X										
	- INTEL CORP				X									X			X					X										
	- SIGNAL HILL BOND				X											X							X									
	- AT HOME CORP. SERA		X													X						X										
	- CISCO SYSTEMS INC.				X									X		X						X										
	- SUNMICROSYSTEMS INC.				X									X		X						X										
	- ORBITAL SCIENCES			X										X		X					X											S
	- AIRTOUCH COMM INC.				X									X		X					X											S
	- CNET INC.			X										X		X					X											S
	- INTERNET CAP. GROUP INC			X										X		X						X										P
	- PAC-WEST TELECOM INC	X												X							X											P
	- QSOUND LABS INC.		X											X							X											P
	- SAFEGUARD SERVICES				X									X							X											P
	- SOFTNET SYSTEMS INC.		X											X							X											P
	- SPRINT CORP				X									X							X											P
	- TELESP CELULAR PART				X									X							X											P
JT	CROWELL, WEEDON SAVINGS				X												X						X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LORETTA SANCHEZ

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	PACIFIC AMERICAN SECURITIES						X																									
	(FORMALLY YAEGER CAP)																															
	- LACTFS BOND			X												X							X									
	~~- E TRADE GROUP INC.~~																															
	- AMERICA ON-LINE				X												X				X											P
	- AT&T CORP			X													X					X										P
	- GUIDANT CORP				X												X					X										P
	- PAC-WEST TELECOMM INC	X															X				X											P
	- Q-SOUND LABS INC.			X													X				X											P
	- SAFEGUARD SCIENTIFICS				X												X				X											P
JT	CONGRESSIONAL CREDIT UNION	X														X						X										
SP	CROWELL, WEEDON (IRA)					X																										
	- GENERAL MOTORS CORP.			X										X			X					X										
	- MORGAN STANLEY EMERG			X													X				X											
	- SANTA FE INTL CORP			X													X				X											
	- MCI WORLDCOM INC.			X										X			X					X										
	- PEPSICO INC.			X													X				X											S
	- IMMUNEX CORP NEW				X												X				X											S
	- AT&T CORP				X												X				X											P
	- BANK OF AMERICA CORP			X										X			X					X										P
	- DELPHI AUTOMOTIVE SYSTEMS			X													X				X											P
	- ORACLE CORP			X													X				X											P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LORETTA SANCHEZ

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	- QUINTILES TRANSNATL CORP			X													X				X											P
SP	CROWELL, WEEDON					X																										
	- CASH				X											X							X									
	- DISNEY WALT CO			X										X			X					X										P
	- RESERVE PETROLEUM			X													X				X											P
JT	AMERICAN FUNDS - IRA																															
	- CAPITAL GUARDIAN - NEWPERS				X																											
	- NEW ECONOMY MIND				X									X			X						X									
	- EUROPAC. GROWTH			X										X			X					X										
	- GROWTH FUND			X										X			X					X										
SP	TRISTAR CAPITAL COMMON				X												X				X											
JT	TRISTAR CAPITAL COMMON				X												X				X											
SP	PACIFIC AMERICAN COMMON						X							X			X									X						

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SCHEDULE IV — TRANSACTIONS

Name LORETTA SANCHEZ

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SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
SP	JIM DAVIS FARMS-NOTE		X		04/20/99			X							
JT	ORBITAL SCIENCES		X		12/20/99	X									
JT	AIRTOUCH COMM INC.		X		01/19/99		X								
JT	CNET INC.		X		01/19/99	X									
JT	INTERNET CAP. GROUP INC.	X			12/10/99	X									
JT	PAC-WEST TELECOM INC.	X			11/05/99	X									
JT	Q-SOUND LABS INC.	X			07/12/99	X									
JT	SAFEGUARD SCIENCES	X			05/19/99	X									
JT	SOFTNET SYSTEMS INC.	X			05/06/99	X									
JT	SPRINT CORP.	X			01/27/99	X									
JT	TELESP CELULAR PRT	X			11/05/99	X									
JT	AMERICAN ONLINE	X			04/28/99		X								
JT	AT&T CORP.	X			04/30/99	X									
JT	GUIDANT CORP.	X			12/23/99		X								
JT	PAC-WEST TELECOM INC.	X			11/05/99	X									
JT	Q-SOUND LABS INC.	X			05/25/99	X									

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SCHEDULE IV — TRANSACTIONS

Name LORETTA SANCHEZ

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SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–99		X								
JT	SAFEGUARD SCIENTIFICS	X			05/24/99		X								
SP	PEPSICO INC.		X		09/02/99	X									
SP	IMMUNEX CORP. NEW		X		01/22/99		X								
SP	AT&T CORP.	X			03/12/99		X								
SP	BANK OF AMERICA CORP.	X			03/02/99	X									
SP	DELPHI AUTOMOTIVE SYSTEMS	X			06/15/99	X									
SP	ORACLE CORP	X			03/04/99	X									
SP	QUINTILES TRANSNATIONAL CORP.	X			09/02/99	X									
SP	DISNEY WALT CO.	X			07/08/98	X									
SP	RESERVE PETROLEUM	X			01/14/99	X	(inherited shares)								
JT	4 KIDS ENTERTAINMENT	X			11/30/99		X								
JT	4 KIDS ENTERTAINMENT		X		12/16/99	X									
JT	4 KIDS ENTERTAINMENT	X			12/02/99		X								
JT	4 KIDS ENTERTAINMENT		X		12/14/99		X								
JT	4 KIDS ENTERTAINMENT	X			11/30/99	X									
JT	4 KIDS ENTERTAINMENT		X		12/13/99	X									

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PACIFIC AMERICAN SECURITIES, INC.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE IV — TRANSACTIONS

Name LORETTA SANCHEZ

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SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
JT	4 KIDS ENTERTAINMENT	X			11/30/99		X								
	4 KIDS ENTERTAINMENT		X		11/30/99		X								
	4 KIDS ENTERTAINMENT	X			11/16/99		X								
	4 KIDS ENTERTAINMENT		X		11/16/99		X								
	4 KIDS ENTERTAINMENT	X			10/29/99		X								
	4 KIDS ENTERTAINMENT		X		11/1/99		X								
	AMERICAN CHAMPION ENTERTAINMENT	X			11/18/99	X									
	AMERICAN CHAMPION ENTERTAINMENT		X		11/18/99	X									
	BOOKS-N-MILLIA INC.	X			10/16/99	X									
	BOOKS-N-MILLIA INC.		X		11/17/99	X									
	INTERNET CAPITAL GROUP	X			09/14/99	X									
	INTERNET CAPITAL GROUP		X		09/14/99	X									
	OPEN MARKET INC.	X			10/28/99	X	X								
	OPEN MARKET INC.		X		10/29/99		X								
	K-TEL INTL. INC.	X			11/03/99	X									
JT	K-TEL INTL. INC.		X		11/04/99	X									

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Name LORETTA SANCHEZ | Page 10 of 21

SCHEDULE IV — TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-99		X								
JT	OXFORD HEALTH	X			11/02/99	X									
	OXFORD HEALTH		X		11/02/99	X									
	SCANSOFT INC.	X			11/15/99	X									
	SCANSOFT INC.		X		11/16/99	X									
	STAR TELECOMMUNICATIONS	X			10/27/99	X									
	STAR TELECOMMUNICATIONS		X		10/28/99		X								
	AMERICAN ONLINE	X			04/27/99		X								
	AMERICAN ONLINE		X		07/27/99		X								
	AMERICAN ONLINE	X			04/27/99		X								
	AMERICAN ONLINE		X		10/27/99	X									
	AMERICAN ONLINE	X			04/28/99		X								
	AMERICAN ONLINE		X		11/18/99		X								
	AMERICAN ONLINE	X			06/18/99		X								
	AMERICAN ONLINE		X		06/17/99		X	(Short Sale)							
	SYBASE INC.	X			10/29/99	X									
JT	SYBASE INC.		X		11/02/99	X									

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SCHEDULE IV — TRANSACTIONS

Name LORETTA SANCHEZ

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SP	Example: Mega Corporation Common Stock	X			10-12-99		X								
JT	SUN MICROSYSTEMS	X			01/04/99	X									
	SUN MICROSYSTEMS		X		01/12/99	X									
	SUN MICROSYSTEMS	X			01/21/99		X								
	SUN MICROSYSTEMS		X		01/26/99		X								
	SUN MICROSYSTEMS	X			04/16/99	X									
	SUN MICROSYSTEMS		X		04/22/99	X									
	CISCO SYSTEMS	X			01/12/99		X								
	CISCO SYSTEMS		X		01/15/99		X								
	CISCO SYSTEMS	X			03/10/99	X									
	CISCO SYSTEMS		X		04/22/99	X									
	SUN MICROSYSTEMS	X			03/10/99	X									
	SUN MICROSYSTEMS		X		03/25/99	X									
	AT HOME CORP.	X			01/19/99	X									
	AT HOME CORP.		X		01/19/99	X									
	E-TRADE GROUP	X			01/14/99	X									
JT	E-TRADE GROUP		X		01/19/99	X									

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SCHEDULE IV — TRANSACTIONS

Name LORETTA SANCHEZ

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SP	Example: Mega Corporation Common Stock	X			10-12-99		X								
JT	E-TRADE GROUP	X			02/03/99			X							
	E-TRADE GROUP		X		02/03/99			X							
	E-TRADE GROUP	X			02/26/99		X								
	E-TRADE GROUP		X		03/05/99		X								
	LUCENT TECH	X			01/13/99	X									
	LUCENT TECH		X		01/19/99	X									
	LYCOS INC.	X			01/14/99	X									
	LYCOS INC.		X		01/19/99	X									
	E-TRADE GROUP	X			02/05/99		X								
	E-TRADE GROUP		X		02/05/99		X								
	E-TRADE GROUP	X			02/09/99		X								
	E-TRADE GROUP		X		02/09/99		X								
	C-NET INC.	X			01/20/99		X								
	C-NET INC.		X		01/20/99		X								
	C-NET INC.	X			01/20/99		X								
JT	C-NET INC.		X		01/20/99		X								

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SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
JT	C-NET INC.	X			01/21/99		X								
	C-NET INC.		X		01/21/99		X								
	EXCITE.COM	X			01/21/99		X								
	EXCITE.COM		X		01/21/99		X								
	EXCITE.COM	X			01/21/99		X								
	EXCITE.COM		X		01/21/99		X								
	C-NET INC.	X			01/22/99		X								
	C-NET INC.		X		01/22/99		X								
	C-NET INC.	X			01/25/99		X								
	C-NET INC.		X		01/26/99		X								
	MACROMEDIA	X			01/27/99		X								
	MACROMEDIA		X		01/29/99		X								
	MACROMEDIA	X			02/12/99		X								
	MACROMEDIA		X		02/16/99		X								
	XOOM.COM	X			01/29/99			X							
JT	XOOM.COM		X		01/29/99			X							

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SCHEDULE IV — TRANSACTIONS

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SP	Example: Mega Corporation Common Stock	X			10-12-99		X								
JT	CELL PATHWAYS	X			02/02/99	X									
	CELL PATHWAYS		X		02/02/99	X									
	TUT SYSTEMS	X			02/03/99		X								
	TUT SYSTEMS		X		02/03/99		X								
	TUT SYSTEMS	X			02/04/99		X								
	TUT SYSTEMS		X		02/04/99		X								
	CERNER CORP.	X			02/04/99		X								
	CERNER CORP.		X		02/04/99		X								
	QSOUND LABS	X			01/21/99	X									
	QSOUND LABS		X		02/04/99	X									
	QSOUND LABS	X			01/21/99	X									
	QSOUND LABS		X		02/16/99	X									
	QSOUND LABS	X			01/29/99	X									
	QSOUND LABS		X		02/22/99	X									
	QSOUND LABS	X			01/29/99	X									
JT	QSOUND LABS		X		02/22/99	X									

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SCHEDULE IV — TRANSACTIONS

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SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
JT	SIEBERT FINAL	X			02/04/99		X								
	SIEBERT FINAL		X		02/04/99		X								
	SIEBERT FINAL	X			04/14/99	X									
	SIEBERT FINAL		X		04/14/99	X									
	SIEBERT FINAL	X			04/14/99	X									
	SIEBERT FINAL		X		04/14/99	X									
	CNET	X			03/10/99		X								
	CNET		X		03/11/99		X								
	ADVANCED MICRO DEVICE	X			02/04/99	X									
	ADVANCED MICRO DEVICE		X		02/05/99	X									
	CAMBRIDGE TECH PARTNERS	X			02/05/99		X								
	CAMBRIDGE TECH PARTNERS		X		02/05/99		X								
	ORBITAL SCIENCE	X			02/12/99	X									
	ORBITAL SCIENCE		X		02/16/99	X									
	ORBITAL SCIENCE	X			02/12/99		X								
JT	ORBITAL SCIENCE		X		02/16/99		X								

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SCHEDULE IV — TRANSACTIONS

Name LORETTA SANCHEZ | Page 16 of 21

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SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
JT	FIRST AMERICAN FINANCE	X			02/04/99	X									
	FIRST AMERICAN FINANCE		X		02/12/99	X									
	DELL	X			02/17/99		X								
	DELL		X		02/17/99		X								
	DELL	X			02/22/99		X								
	DELL		X		02/22/99		X								
	DELL	X			02/23/99		X								
	DELL		X		02/23/99		X								
	DELL	X			02/24/99			X							
	DELL		X		02/24/99			X							
	DELL	X			02/26/99		X								
	DELL		X		03/04/99		X								
	COMPAQ	X			02/26/99	X									
	COMPAQ		X		03/02/99	X									
	CMGI	X			03/10/99	X									
JT	CMGI		X		03/11/99	X									

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SCHEDULE IV — TRANSACTIONS

Name LORETTA SANCHEZ

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SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	MICROSOFT	X			03/10/99	X									
	MICROSOFT		X		03/18/99	X									
	ORACLE	X			03/12/99	X									
	ORACLE		X		03/25/99	X									
	CIENA	X			04/13/99	X									
	CIENA		X		04/14/99	X									
	INTEL	X			04/13/99		X								
	INTEL		X		04/26/99		X								
	SOFTNET	X			04/21/99	X									
	SOFTNET		X		04/27/99	X									
	AT&T	X			04/27/99		X								
	AT&T		X		05/10/99		X								
	CYBERION OUTPOST.COM	X			03/04/99	X									
	CYBERION OUTPOST.COM		X		03/08/99	X									
	DELPHI AUTOMOTIVE	X			06/01/99	X									
JT	DELPHI AUTOMOTIVE		X		12/15/99	X									

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SCHEDULE IV — TRANSACTIONS

Name LORETTA SANCHEZ

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SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	ORACLE CORP.	X			03/02/99	X									
JT	ORACLE CORP.		X		04/07/99	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	FIRST NATIONWIDE MORTGAGE	MORTGAGE ON 1624 WARRIA PUE, CA		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
-NONE-		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	HARVARD SCHOOL OF DESIGN	May 14-15	Wash DC - Boston - Wash DC	Y	N	N	N
	AMERICAN SUGAR ALLIANCE	Aug 9	Santa Ana CA - Oakland - Seattle	N	Y	N	N
	CONGRESSIONAL ECONOMIC LEADERSHIP INSTITUTE	Aug 10-11	Santa Ana - Seattle - Santa Ana	Y	Y	N	N
	LABOR RESEARCH ASSOCIATION	Oct 7	Wash DC - New York City - DC	N	N	N	N
	BLUE DOG COALITION TRIP (SPONSORS DELTA/UPS/ TURNER BROADCASTING/ COCA-COLA)	Oct 24-25	Wash DC - Atlanta GA - DC	Y	Y	N	N
	NEW AMERICAN ALLIANCE	Nov 19-20	Wash DC - Santa Fe NM - Wash DC	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARDMEMBER	PROVIDENCE SPEECH AND HEARING CENTER
BOARDMEMBER	KINDERCAMINATA
ADVISORY COUNCIL MEMBER	PEPPERDINE UNIVERSITY

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	— NONE —	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICIAL MAIL PURGE CENTER
00 MAY 15 PM 5:58

HAND DELIVERED
(Office Use Only)

Bernard Sanders
(Full Name)

2202 Rayburn Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-4115

Filer Status	[X] Member of the U.S. House of Representatives — State VT District 00	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	B Sanders	5/12/00

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Name Bernard Sanders | Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		BLOCK B												BLOCK C							BLOCK D											BLOCK E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster			Indefinite															Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
	Wright Patman CFCU, DC Checking Account				X																												
sp	TIAA-CREF Retirement Account 730 34th Ave. NY		X																														

For additional assets and unearned income, use next page.

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Chittenden Bank, Burlington, VT	Credit Card	X									
	Wright Patman CFCU, Washington, D.C.	Education Loans, Personal Loan, Credit Card		X								
	Vermont Student Assistance, Burlington, VT	Education Loans		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

MAX A. SANDLIN
(Full Name)

500 MILLER DRIVE
(Mailing Address)
MARSHALL TX 75670

Daytime Telephone:
(202) 225-3035

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

3872

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	M A Sandlin	5-15-00

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	HOSPICE OF EAST TEXAS, INC.	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP. Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
EAST TEXAS FUELS, INC., STOCK	$1,000,001 - $5,000,000	SUB S	$100,001 - $1,000,000	
HOWELL AND SANDLIN, STOCK	$1,000,001 - $5,000,000	SUB S	$15,001 - $50,000	
WORKING INTEREST (NATURAL GAS WELLS)	$1,001 - $15,000	WORKING INTEREST	$1,001 - $2,500	S
EDWARD D. JONES ACCT	$1,001 - $15,000	Dividends	$1 - $200	
TEXAS COUNTY AND DISTRICT RETIREMENT	$50,001 - $100,000	NA	None	

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	WRIGHT PATMAN FEDERAL CREDIT UNION	$1.001 - $15.000	Interest	$1 - $200	
	OIL AND GAS ROYALTY	$1.001 - $15.000	ROYALTY	$1 - $200	
	SANDLIN & BUCKNER OFFICE BLDG, MARSHALL, TX (OWN 1/2; SOLD 6-10-99)	$100.001 - $250.000	N A	None	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	SANDLIN & BUCKNER OFFICE BUILDING, MARSHALL, TX (OWN 1/2)	Sold	6-10-99	$15,001 - $50,000
	WORKING INTEREST (NATURAL GAS WELLS)	Sold	5-1-99	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	FIRST SERVICE BANK	PERSONAL LOAN	$15,001 - $50,000
	MBNA MASTERCARD	CREDIT CARD	$10,001 - $15,000
	CENTURY BANK	CAMPAIGN LOAN	$500,001 - $1,000,000
	CENTURY BANK	PERSONAL LOAN	$10,001 - $15,000

3877

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
CHICAGO MERCANTILE EXCHANGE/CHICAGO BOARD OF TRADE	JULY 18-19	WASH,DC-CHICAGO-WASH,DC	Y	Y	N	N
AMERICAN ISRAEL EDUCATION FOUNDATION	AUG 25-SEPT 2	SHREVEPORT-ISRAEL-SHREVEPORT	Y	Y	Y	N
DELTA, UPS, TURNER BROADCASTING, COCA COLA	OCT 24-25	SHREVEPORT-ATLANTA-SHREVEPORT	Y	Y	N	1 NIGHT

3878

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
PRESIDENT	EAST TEXAS FUELS, INC.
VICE-PRESIDENT	HOWELL & SANDLIN, INC.

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1986-1996	TEXAS COUNTY & DISTRICT RETIREMENT SYSTEM - MAX A. SANDLIN JR	(FORMER COUNTY EMPLOYEE - INTEREST IN RETIREMENT PLAN)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

MC MAY 15 2000 (10)
(Office Use Only)

Marshall C. Sanford
(Full Name)

1223 Longworth Building (207)225-3176
(Mailing Address) Daytime Telephone

Washington, DC 20215

Filer Status	[X] Member of the U.S. House of Representatives — State: SC District: 1	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Marshall C. Sanford	5/12/2000

3881

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Norton & Sanford	Management fees	$2,400

For payments to charity in lieu of honoraria, use Schedule II.

3882

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
SP	Goldman Sachs:																																
	Cash								X								X										X						
	SC Municipal Bonds (2)								X								X											X					
	Emerson Electric							X							X											X							
	Esco Electronics				X										X							X											
	Reading Entertainment						X											X											X				S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Marshall C. Sanford

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Goldman Sachs																															
	Cash				X											X							X									
SP	Goldman Sachs - IRA																															
	Cash				X											X								X								
	US Treasury Securities					X										X								X								
	Honeywell, Inc.			X												X					X											formerly Allied Corp.
	North Amer Tech Grp (new)			X										X							X											
	Goldman Sachs- IRA- Cash				X											X							X									
JT	Bank of SC			X												X							X									
JT	Goldman Sachs - Cash					X										X									X							
	DJL Direct - Cash				X											X							X									Opened acct.
	Southern Company		X											X								X										
SP	Sullivan Family Trust					X								X		X									X							% ownership increased
	Bank of America checking				X											X							X									
	Congressional Credit Union			X												X						X										
DC	Goldman Sachs (Trust):																															
	Cash						X									X										X						
	Emerson Electric					X								X										X								
	Reading Entertainment				X									X							X											value decreased
DC	Goldman Sachs - Cash						X									X										X						
	Seaboard Capital Partners LP						X							Partnership Income												X						P
DC	Seaboard Capital Partners LP						X							Partnership Income											X							P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Marshall C. Sanford

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	JS Capital Management Inc.						X							S corp income													X					
	(formerly LPDC, Inc.) S corp																															
	investments & real prop in Florida																															
SP	JS Capital Management, Inc.							X						S corp income														X				
DC	JS Capital Management, Inc.							X						S corp income														X				
	see above																															
SP	BBV Co.		X											S corp income													X					Assets sold
DC	BBV Co.			X										S corp income															X			Assets sold
	Combahee Partners LP			X										Partnership income												X						Assets sold
	Talley Tract Partnership						X							Partnership income							X											Value decreased
	(Land Beaufort Co., SC)																															
	Bargain Building Products, Inc.				X																X											P
	Code Corporation, Inc.				X																X											P
	Land-Beaufort County, SC									X					X										X							
	Coosaw Plantation Partnership			X										Partnership income							X											
	Kings Plaza, LLC					X								Partnership income												X						LLC formed to hold Propert in 1999 & ownership & value increased
	(rental prop,N.Chas, SC)																															
SP	Kings Plaza, LLC				X									Partnership income										X								
	Campaign Loan	X														X										X						Paid off
	Blind John, LLC (Commercial					X								Partnership income												X						
	Rental, Savannah Hwy,																															
	Charleston, SC)																															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Marshall C. Sanford

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Blind John, LLC (Commercial					X								Partnership income												X						
	Rental, Savannah Hwy, Charleston, SC)																															
DC	Blind John, LLC (see above)							X						Partnership income													X					
SP	E-II Settlement	X															X						X									S

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SCHEDULE IV — TRANSACTIONS

Name Marshall C. Sanford

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
SP	Reading Entertainment Stock		X		10-4-99		X								
SP	Reading Entertainment Stock		X		11-4-99		X								
SP	IMB Stock (short sale, sale reported in 1997)	X			1-7-99			X							
SP	Amazon.Com Stock	X			2-22-99			X							
SP	Amazon.Com Stock	X			3-1-99			X							
SP	Amazon.Com Stock (short sale)		X		2-12-99			X							
SP	Amazon.Com Stock (short sale)		X		2-16-99			X							
SP	Amazon.Com Stock (short sale)		X		2-18-99		X								
	Amazon.Com Stock	X			8-4-99 ~~8-17-99~~	X									
	Gibson Greeting Inc.Com Stock	X	X		4-16-99	X									
	Quepasa.Com Inc.	X			11-11-99		X								
	Amazon.Com Stock (short sale)		X		~~6-17-99~~ 8-16-99	X									
	Gibson Greeting Inc.Com (short sale)		X		4-19-99	X									
	Quepasa.Com (short sale)		X		10-28-99		X								
	Code Corporation (private stock)	X			5-24-99		X								
	Bargain Building Products, Inc. (private stock	X			5-4-99		X								

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Seaboard Capital Partners, LP	X			10-25-99				X						
DC	Seaboard Capital Partners, LP	X			10-25-99				X						
	JS Capital Management, Inc.	See Note 1													
SP	JS Capital Management, Inc.	See Note 1													
DC	JS Capital Management, Inc.	See Note 1													
	Note 1- Shares in this S Corp were increased through gifts from the Congressman's father-in-law on 1-1-99.														
SP	BBV Co.	See Note 2													
DC	BBV Co.	See Note 2													
	Note 2- Substantially all assets of corporation sold in 1999														
	Blind John LLC	See Note 3													
SP	Blind John LLC	See Note 3													
DC	Blind John LLC	See Note 3													
	Note 3- Member interests were increased by a gift from the Congressman's mother.														

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute Bipartisan Congressional Retreat	March 19-21	Wash.DC-Hershey,PA-Chas,SC	Y	Y	Y	N
	Chicago Board of Trade & Chicago Mercantile Exchange	April 26-27	Chas,SC-Chicago-Wash.DC	Y	N	N	N
	American Enterprise Institute (panel)	June 24-27	Wash.DC-Beaver Creek,CO-Wash.DC (Sanford paid air fare)	Y	Y	Y	N
	Empower America (Conference)	August 12-15	Chas,SC-Sun Valley,ID-Chas,SC	Y	Y	Y	N
	Swidler,Berlin,Shereff & Friedman LLP (meeting with Cuban Foreign Minister)	Sept. 25-26	Chas,SC-NY City-Chas,SC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Talley Tract Partnership
Partner	Coosaw Plantation Partnership

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

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HAND DELIVERED

MARSHALL "MARK" SANFORD
1ST DISTRICT
SOUTH CAROLINA

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515–4001

COMMITTEES
GOVERNMENT REFORM AND OVERSIGHT
INTERNATIONAL RELATIONS
JOINT ECONOMIC

June 12, 2000

RECEIVED
00 JUN 13 PM 2:52

The Clerk, U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, D.C. 20515-6612

Re: Amendment
United States House of Representatives
Financial Disclosure Statement for Calendar Year 1999

MC

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Dear Sir or Madam:

The enclosed information is being filed as an amendment to the Financial Disclosure Statement for Calendar Year 1999 for Marshall C. Sanford mailed on May 15, 2000.

On page four of the originally filed Statement under Schedule III, the asset "Sullivan Family Trust" was listed with a value for the percentage owned by Mrs. Sanford of all the assets in the trust. The enclosed two pages list the detail of the individual assets in the trust and their corresponding value according to Mrs. Sanford's percent ownership of the trust assets. The information in this amendment clarifies the information on the earlier filing.

Sincerely,

Mark Sanford

☐ WASHINGTON OFFICE:
1223 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225–3176

☐ DISTRICT OFFICE:
640 FEDERAL BUILDING
CHARLESTON, SC 29403
(803) 727–4175

☐ DISTRICT OFFICE:
206 LAUREL STREET
CONWAY, SC 29526
(803) 248–2660

☐ DISTRICT OFFICE:
829–E FRONT STREET
GEORGETOWN, SC 29440
(803) 527–8868

PRINTED ON RECYCLED PAPER

SCHEDULE III — ASSETS AND "UNEARNED" INCOME —
Continuation Sheet (if needed)

amendment

Name Marshall C. Sanford

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Sullivan Family Trust																															
	Detail of assets																															
	Cash			X												X							X									
	Common Stock:													X									X									
	Allstate Corp			X																												
	AT+T Corp			X																												
	Bank One Corp			X																												
	CBS Corp			X																												
	Exxon Mobil Corp			X																												
	FNMA			X																												
	Lucent Technologies, Inc			X																												
	Merck + Co			X																												
	Motorola, Inc			X																												
	Procter & Gamble, Inc			X																												
	Schlumberger Ltd			X																												
	Dividend income from stock reported on K-1 in total, not by individual stock																															
	US Treasury Note			X												X							X									
	Municipal Issues:															X								X								
	Arlington Cnty VA G/O REF BG			X																												
	New Britain Conn Ser B			X																												
	Pittsburgh PA Sch Dist Ref Ser			X																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME —

Continuation Sheet (if needed) amendment

Name Marshall C. Sanford

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	New Jersey St Tpk Auth			X																												
	Illinois Health FACS Auth			X																												
	Tax-exempt interest from municipal bonds reported on K-1 in total, not by individual bond.																															

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FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999 — For use by Members, officers, and employees

00 MAY 15 PM 3:14

HAND DELIVERED

(Office Use Only)

Thomas C. Sawyer
(Full Name)

1298 N. Howard St.,
(Mailing Address)

Akron, OHIO 44310-1064 — Daytime Telephone (330) 923-7699

Filer Status	[X] Member of the U.S. House of Representatives — State OHIO District 14	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tom Sawyer	5/11/2000

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Name SAWYER, Thomas	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State Teachers' Retirement System of Ohio	Spouse pension	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Sawyer, Thomas	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	N/A			

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Name Sawyer, Thomas

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT (Examples)	SP Mega Corp Stock	E	DIVIDENDS	IV	P
	Simon & Schuster	Indefinite	Royalties	IX	
	1st Bank of Paducah, KY accounts	F	INTEREST	VI	
JT	Summit Federal Credit Union	C	INTEREST	III	
SP	State Teachers' Retirement System of Ohio	F	DIVIDENDS; Pension	VII	
SP	State Teachers' Ret. System of Ohio	C	DIVIDENDS	I	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sawyer, Thomas

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
Self	State Empl. Ret. Sys (Ohio)	C $1,001 – $15,000	DIVIDENDS X	I None X	
Self	Public Employees' Ret. Sys. (Ohio)	D $15,001 – $50,000	DIVIDENDS X	I None X	
SP	Lincoln National Annuity	F $100,001 – $250,000	Other Type of Income (Specify): Mutual Fund	I None X	
JT	Bank One Securities Corp.	C $1,001 – $15,000	Other Type of Income (Specify): Money mkt	III $201 – $1,000 X	

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SCHEDULE IV — TRANSACTIONS

Name Sawyer, Thomas

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	Bank One Securities Corp.	X			3-01-99	X									

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Name Sawyer, Thomas | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
The Aspen Institute	Aug. 14-20 '99 - The Aspen Institute Executive Seminar Scholarship Aspen, Colorado	$ 8751.18

Use additional sheets if more space is required.

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Name SAWYER, THOMAS | Page 1 of 2

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Democratic Caucus Conf. (Campaign	Feb. 7-9	Wash. – Virginia – Wash.	Y	Y	Y	N
	Aspen Institute – "Pathways to Adult Success for All Youth"	Feb. 12-15	Cleve. – St. Petersburg, FLA – Cl.	Y	Y	Y	N
	Faith and Politics Institute – "Walk Through History (Birmingham, Montgomery, & SELMA, ALA)	March 5-7	Cleve – Birm. – Cl.	Y	Y	Y	N
	Bipartisan Cong. Retreat	Mar. 19-21	Wash. – Hershey, PA. – Wash.	Y	Y	Y	N
	Southern Illinois U. (Carbondale) National Institute for Literacy (Public Policy Forum)	Mar. 26-27	Cl. – Carbondale – Cl.	Y	Y	N	N
	Chicago Mercantile Exchange	June 21	Cl. – Chicago – Cl.	N	N	N	N

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Name Sawyer, Thomas | Page 2 of 2

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

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	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Edison Electric Institute (EEI Policy Comm. of Gov. Affairs) - COL. SPGS., COL.	Sept. 7-8	Cl.-Col. Spgs.-Cl.	Y	Y	N	N
	Literacy Volunteers of America Conf.	Nov. 13	Cl.-Nashville-Cl.	N	Y	N	N
	U.S. Japan Friendship Commission - (U.S. Japan Legis. Exchange)	Nov. 30-Dec. 4	Cl.-Tokyo-Cl.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Population Resource Center, Wash. DC
Board Member	Literacy Volunteers of America

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 16 AM 9:37

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 15 2000
(Office Use Only)

(1)

H. James Saxton
(Full Name)

207 High Street
(Mailing Address)

Mount Holly NJ 08060

Daytime Telephone: (609) 261-5800

Filer Status	[X] Member of the U.S. House of Representatives	State: NJ District: 03	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS–Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J. Saxton	5/15/00

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP. Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Janney Montgomery Scott Money Market Fund (IRA)	$1.001 - $15.000	Dividends	$201 - $1.000	
NBTY Inc (IRA)	$1.001 - $15.000		None	P
First Union Corp (IRA)	$1.001 - $15.000		None	P
Rare Medium Group (IRA)	None	Capital Gains	$2.501 - $5.000	P AND S
Mellon Fin Corp(IRA)	$1.001 - $15.000		None	P
Janney Montgomery Scott Money Market Fund	$50.001 - $100.000	Dividends	$2.501 - $5.000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	First Union Corp	$15.001 - $50.000		None	P
	Conseco Inc	$15.001 - $50.000		None	P
	Titan Pharm Inc Del	$15.001 - $50.000		None	P
	Eaton Vance CLASSIO SR FLTG	$15.001 - $50.000	Capital Gains and Dividends	$201 - $1.000	P
	Eaton Vance Prime Rate Resvs	$15.001 - $50.000	Dividends & Capital Gain	$1.001 - $2.500	
	Fidelity Advisor SRII	$50.001 - $100.000	Dividends & Capital Gain	$2.501 - $5.000	P
	Fidelity Advisor SRIII	$15.001 - $50.000	Dividends & Capital Gain	$2.501 - $5.000	P
	Seligman New Tech Fund	$15.001 - $50.000	Capital Gains and Dividends	$201 - $1.000	P
	First Trust Unit 370 1999 Dow Target	$1.001 - $15.000		None	P
	First Trust Unit 370 1999 Global Target	$1.001 - $15.000		None	P
	Van Kampen Focus Port	$15.001 - $50.000		None	P
	Net2phone	None	Capital Gains	$15.001 - $50.000	P AND S
	Summit Bank	$1.001 - $15.000	Dividends	$1 - $200	
	Victory Inst MM Fund	None	Dividends	$201 - $1.000	
	First Trust Unit 238 Global(15)	None	Dividends	$201 - $1.000	S
	First Trust Unit 238 Target (5)	None	Dividends	$1 - $200	S
	911 Route 206, Bordentown	None	Rent, Capital Gains	$50.001 - $100.000	S
	2nd Mortgage Loan, John Winzinger & Donna Reichert	$15.001 - $50.000	Interest	$1.001 - $2.500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	207 High Street, Mt. Holly	$100,001 - $250,000	Rent	$5,001 - $15,000	
	Federal Credit Union	$1 - $1,000		None	
	Commerce Bank Checking	$1 - $1,000	Interest	$1 - $200	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Mellon Fin Corp (IRA)	Purchase	05/07/99	$1,001 - $15,000
	NBTY (IRA)	Purchase	05/07/99	$1,001 - $15,000
	Rare Medium Group (IRA)	Purchase	05/07/99	$1,001 - $15,000
	Van Kampen Focus	Purchase	07/15/99	$15,001 - $50,000
	Seligman Tech Fund	Purchase	07/27/99	$1,001 - $15,000
	Net2phone	Purchase	07/29/99	$1,001 - $15,000
	Seligman Tech Fund	Purchase	08/02/99	$1,001 - $15,000
	Eaton Vance Classic Sr FLTG	Purchase	09/17/99	$15,001 - $50,000
	Titan Pharm Inc	Purchase	10/18/99	$1,001 - $15,000
	First Union Corp (IRA)	Purchase	10/18/99	$1,001 - $15,000
	First Trust 370 Target	Purchase	11/01/99	$1,001 - $15,000
	First Trust Unit 370 Global	Purchase	11/01/99	$1,001 - $15,000
	Conseco	Purchase	12/02/99	$15,001 - $50,000
	Conseco	Purchase	12/07/99	$1,001 - $15,000
	First Union Corp	Purchase	12/17/99	$1,001 - $15,000
	Fidelity Advisor SRII Growth	Purchase	12/27/99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Fidelity Advisor SRIII Equity	Purchase	12/27/99	$1,001 - $15,000
	911 Route 206, Bordentown	Sold	06/21/99	$100,001 - $250,000
	Net2phone	Sold	07/29/99	$1,001 - $15,000
	Net2phone	Sold	08/23/99	$15,001 - $50,000
	First Trust Unit 238 Target	Sold	11/03/99	$1,001 - $15,000
	First Trust Unit 238 Global	Sold	11/03/99	$1,001 - $15,000
	Rare Medium Group	Sold	11/15/99	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Summit Bank(Mid Jersey)	Mortgage 207 High St	$50,001 - $100,000
	Summt Bank(Mid Jersey	Mortgage 911 Rt 206	$10,001 - $15,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 5:26

(4)
HAND DELIVERED
(Office Use Only)

CHARLES JOSEPH SCARBOROUGH
(Full Name)

127 CANNON H.O.B.
(Mailing Address)

WASHINGTON D.C. 20515

Daytime Telephone
202-225-4136

Filer Status	☒ Member of the U.S House of Representatives — State FL District 01	☐ Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joe Scarborough	MAY 15, 2000

3911

Name JOE SCARBOROUGH | Page 2 of 4

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
POLITICALLY INCORRECT	APPEARANCE	FEB 10, 1999	500.00

This page may be copied if more space is required.

Name JOE SCARBOROUGH | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp Stock					X								X										X							P
			Simon & Schuster		Indefinite																	Royalties									X		
			1st Bank of Paducah, KY accounts						X									X										X					
	NEW ENGLAND VARIABLE ANNUITY #V21410					X										X			X					X									
	NEW ENGLAND FIXED ANNUITY #F20588					X										X			X					X									
	NEW ENGLAND GROWTH FUND #3542 C3					X										X			X					X									
	COPELY PENSION FUND #7203					X										X			X					X									
	SWIFT INCOME PARTNERS #10624					X										X			X					X									

For additional assets and unearned income, use next page.

Name JOE SCARBOROUGH	Page 4 of 4

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT	NEW CENTURY PRESS DBA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 6:54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (11)

HC

(Office Use Only)

3915

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Robert Warren Schaffer
(Full Name)

5027 Alder Court
(Mailing Address)

Fort Collins CO 80525

Daytime Telephone: 970/223-7805

Filer Status	[X] Member of the U.S. House of Representatives	State: CO District: 04	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	[X]	No	[ ]	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes	[ ]	No	[X]	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	[X]	No	[ ]	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	[X]	No	[ ]	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	[X]	No	[ ]	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	[ ]	No	[X]	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes	[X]	No	[ ]	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	[ ]	No	[X]	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	[ ]	No	[X]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS–Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	[ ]	No	[X]
EXEMPTION: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	[ ]	No	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/00

Name Robert Warren Schaffer	Page ___ of ___

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$8,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary	$136,700.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert Warren Schaffer	Page __ of ___

SCHEDULE II – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500

Name Robert Warren Schaffer	Page ____ of ____

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	427 Smith St., Ft. Collins, CO	100,001 - 250,000	Rent	15,001 - 50,000	
	Bank One, Denver, CO Account	$1,001 - 15,000	Interest	201 - 1,000	
	First State Bank, Ft. Collins, CO CD Account	1,001 - 15,000	Interest	1 - 200	S
	AT&T Stock	$1,001 - 15,000	Dividends	201 - 1,000	
	Lucent Technologies Stock	$1,001 - 15,000	Dividends	1 - 200	
SP	North House LLC, Ft. Collins, CO	$1,001 - 15,000		2,501 - 5,000	
	Fidelity Advisor Funds	None	Capital Gains and Dividends	15,001 - 50,000	S

Name Robert Warren Schaffer	Page ___ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Putnan Investments	$15,001 - 50,000	Capital Gains and Dividends		P, E
	State Street Bank & Trust, IRA	$15,001 - 50,000			
	Thrift Savings Plan	$15,001 - 50,000			
	Public Employees Retirement	$15,001 - 50,000			
SP	State Street Bank & Trust, IRA	$15,001 - 50,000			
SP	Symbios Logic 401(K) Savings	$15,001 - 50,000			

Name Robert Warren Schaffer	Page ___ of ___

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Fidelity Advisor Growth Opportunities	Sold	12-14-99	$50,001 - $100,000
	Putman New Opportunities	Purchase	05-14-99	$15,001 - $50,000
	Putnam New Opportunities	Exchange	10-18-99	$1,001 - $15,000

Name Robert Warren Schaffer	Page ___ of ___

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St. Dover, Del.	$100,001 - $250,000
	Chase Manhattan Mortgage Corp, Phoenix, AZ	Mortgage on 427 Smith, Ft. Collins	$50,001 - $100,000

Name Robert Warren Schaffer	Page ____ of ____

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Name Robert Warren Schaffer | Page ____ of ____

SCHEDULE VII – TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 8-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
El Paso Energy	07/05-07/07	Den, CO - Santa fe, NM - Den, CO	Y	Y	Y	
Traditional Values Coalition	08/26-09-05	Den, CO - North Mariana Islands - Den, CO	Y	Y	Y	
Council for National Politics	10/08-10/09	Den, CO - San Antonio, TX - Den, CO	Y	Y	N	
Local Govt Council	10/29	DEN, CO - LA, CA - DEN, CO	N	Y	N	

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Name Robert Warren Schaffer	Page ____ of ____

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization

Name Robert Warren Schaffer | Page ___ of ___

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF PUBLIC RECORD CENTER
00 MAY 12 PM 4:51
OFFICE OF THE CLERK
HAND DELIVERED (9)
MC (Office Use Only)

Janice D. Schakowsky
(Full Name)
1101 Ridge Ave.
Evanston, IL 60202
(Mailing Address)
Daytime Telephone (202) 225-2111

Filer Status	[X] Member of the U.S. House of Representatives	State Illinois District 9	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Janice D. Schakowsky	5/9/00

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Name Janice D. Schakowsky | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Issue Dynamics, Inc. (Chicago)	Spouses Salary	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500

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Name Janice D. Schakowsky Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* Mega Corp. Stock					X								X										X								P
	Examples: Simon & Schuster		Indefinite																	Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
	Walt Disney			X										X								X										
	Morgan Stanley Dean Witter Municipal Income Trust				X									X								X										
	Computer Associates Intertl.				X									X								X										
	Lucent Technologies				X									X								X										
	Tellabs Inc			X										X								X										
	Sterling Bancorp NY	X															X							X								S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Janice D. Schukowsky

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Alliance Capital Management Unit Limited Partnership			X										X								X										
	AIM Investment Funds/ Global Telecommunications Fund				X												X							X								
	John Hancock Large CAP Fund			X													X						X									
	U.S Treasury Strip-Int			X												X						X										
	Loral Space & Communications	X															X							X								S
	Reliance Group Holdings	X															X							X								S
	Morgan Stanley Dean Witter American Opportunities Fund B				X												X							X								

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SCHEDULE IV — TRANSACTIONS

Name Janice D. Schakowsky

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Sterling Bancorp NY		X		4/12/99	X									
	Tellabs, Inc.	X			5/26/99	X									
	Loral Space & Communications		X		6/1/99	X									
	Reliance Group Holdings		X		6/1/99	X									
	AIM Investment Funds/ Global Telecommunications Fund Periodic Purchase	X				X									
	Morgan Stanley Dean Witter American Opportunities Fund B "	X				X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	Private Bank, Chicago	Loan			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	March 19-21	Wash, D.C.-Hershey PA-Wash DC	Y	Y	Y	N
	American Israel Education Foundation	August-Sept 2	Chicago-Israel-Chicago	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Governing Council	American Jewish Congress - Midwest Region
Board of Directors	Child Care Network of Evanston
Policy Council	Citizen Action of Illinois

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 22 PM 4:04
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MAY 15 2000

(Office Use Only)

Robert C. "Bobby" Scott
(Full Name)

7501 River Road, Plaza C
(Mailing Address)

Newport News VA 23607

Daytime Telephone: 202/225-8351

Filer Status	[X] Member of the U S House of Representatives	State VA District 03	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	RCScott	5-15-2000

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Cisco Systems (stock)	$1,001 - $15,000	Dividends	None	P
EMC Corp (stock)	$1,001 - $15,000	Dividends	None	P
Dollar General (stock)	$1,001 - $15,000	Dividends	$1 - $200	
Coca Cola (stock)	$15,001 - $50,000	Dividends	$1 - $200	P
Colgate-Palmolive (stock)	$1,001 - $15,000	Dividends	$1 - $200	
Carlisle Cocompany (stock)	$1,001 - $15,000	Dividends	$1 - $200	P
PepsiCo (stock)	$1,001 - $15,000	Dividends	$1 - $200	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

General Electric	$1,001 - $15,000	Dividends	$1 - $200	P
Amazon.Com (stock)	$1,001 - $15,000	Capital Gains	$2,501 - $5,000	P AND S
AFLAC (stock)	$1,001 - $15,000	Dividends	$1 - $200	
Sara Lee (stock)	$1,001 - $15,000	Dividends	$1 - $200	P
Proctor & Gamble	$1,001 - $15,000	Dividends	$1 - $200	P
Wrigley's (stock)	$1,001 - $15,000	Dividends	$1 - $200	P
Gillette (stock)	$1,001 - $15,000	Dividends	$1 - $200	P
Sigma Aldridge Corp (stock)	$1,001 - $15,000	Dividends	$1 - $200	P
Dionex	$1,001 - $15,000	Dividends	None	
Wendy's (stock)	$1,001 - $15,000	Dividends	$1 - $200	
Sherwin Williams (stock)	$1,001 - $15,000	Dividends	$1 - $200	P
Automatic Data Processing (stock)	$15,001 - $50,000	Dividends	$1 - $200	P
Applebee's (stock)	$1,001 - $15,000	Dividends	$1 - $200	
Synovus Financial (stock)	$1,001 - $15,000	Dividends	$1 - $200	P
Abbott Labs (stock)	$1,001 - $15,000	Dividends	$1 - $200	
Walgreen's (stock)	$1,001 - $15,000	Dividends	$1 - $200	
Tricon Global Restaurants (stocks)	$1,001 - $15,000	Dividends	$1 - $200	P
Conn Mutual Growth Fund - Annuity	$1,001 - $15,000	Dividends	None	
Conn Mutual International - Annunity	$1,001 - $15,000	Dividends	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Domini Social Equity Fund - Mutual Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P
	Fidelity Spartan Mrkt Index - Mutual Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P
	Torray Fund - Mutual Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P
	Value Line Lev Growth - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P
	White Oak Growth Stock - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	None	P
	Fidelity Select Health Care - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	Value Line Asset Allocation - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	Fidelity Dividend Growth - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	Fidelity Growth & Income - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	S
	Baron Asset - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	None	P
	Profit Lomax Value Fund - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
	Home Depot (stock)	$15,001 - $50,000	Dividends	$1 - $200	
	Sysco Corp (stock)	$1,001 - $15,000	Dividends	$1 - $200	
	Thermo Electon Co (stock)	$1,001 - $15,000	Dividends	None	
	Legg Mason Special Inv Tr - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	Legg Mason Value Trust - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
	Legg Mason Focus Trust - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	None	P
	Northeast Investors Growth - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
	Marsico Focus - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Weitz Value - Mutual fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	Mairs & Powers Growth - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
	Guiness Flight wired Index - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	None	P
	Oak Value Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
	Rydex OTC - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
	Northern Funds Technology - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
	Firsthand Technology Value - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
	Firsthand Technology Leaders - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
	Rydex Nova - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
	Pin Oak Aggressive Growth - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
	Invesco Health Sciences - Mutual Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
	Disney (stock)	$1,001 - $15,000	Dividends	$1 - $200	
	Federal Signal Corp	$1,001 - $15,000	Dividends	$1 - $200	P
	American International Group (stock)	$1,001 - $15,000	Dividends	$1 - $200	
	Wal-Mart (stock)	$1,001 - $15,000	Dividends	$1 - $200	
	Scott Family Partnership	$15,001 - $50,000	Capital Gains	$15,001 - $50,000	
	Professional Investment Associates -Investment Club	$50,001 - $100,000	Capital Gains and Dividends	$201 - $1,000	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Cisco Systems (stock)	Purchase	2 - less than $1,000	$1,001 - $15,000
	EMC Corp (stock)	Purchase	several less than $1,000	$1,001 - $15,000
	Coca Cola	Purchase	10/8/99 and several less than $1,000	$1,001 - $15,000
	Carlisle Comany	Purchase	several less than $1,000	$1,001 - $15,000
	PepsiCo	Purchase	several less than $1,000	$1,001 - $15,000
	General Electric	Purchase	2 less than $1,000	$1,001 - $15,000
	Amazon.Com	Purchase	several less than $1,000	$1,001 - $15,000
	Amazon.Com	Sold	several less than $1,000	$1,001 - $15,000
	Sara Lee	Purchase	several less than $1,000	$1,001 - $15,000
	Proctor & Gamble	Purchase	several less than $1,000	$1,001 - $15,000
	Wrigley's	Purchase	several less than $1,000	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Gillette	Purchase	several less than $1,000	$1,001 - $15,000
	Sigma Aldridge	Purchase	several less than $1,000	$1,001 - $15,000
	Sherwin Williams	Purchase	several less than $1,000	$1,001 - $15,000
	Automatic Data Processing	Purchase	2-less than $1,000	$1,001 - $15,000
	Tricon Global Restaurants	Purchase	12/17/99 and several less than $1,000	$1,001 - $15,000
	Domini Social Equity Fund	Purchase	several less than $1,000	$1,001 - $15,000
	Fidelity Spartan Market Index	Purchase	several less than $1,000	$1,001 - $15,000
	Torray Fund	Purchase	several less than $1,000	$1,001 - $15,000
	Value Line Lev Growth Fund	Purchase	several less than $1,000	$1,001 - $15,000
	Fidelity Dividend Growth Fund	Purchase	several less than $1,000	$1,001 - $15,000
	Profit Lomax Value Fund	Purchase	several less than $1,000	$1,001 - $15,000
	Northeast Investors Growth Fund	Purchase	12/14/99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Marsico Focus Fund	Purchase	several less than $1,000	$1,001 - $15,000
	Weitz Value Fund	Purchase	several less than $1,000	$1,001 - $15,000
	Mairs and Powers Growth Fund	Purchase	several less than $1,000	$1,001 - $15,000
	Guiness Flight Wired Index Fund	Purchase	1/12/99 and several less than $1,000	$1,001 - $15,000
	Rydex OTC Fund	Purchase	8/11/99 and several less than $1,000	$1,001 - $15,000
	Northern Funds Technology	Purchase	12/2/99 and 2 less than $1,000	$1,001 - $15,000
	Firsthand Technology Value Fund	Purchase	8/20/99 and several less than $1,00	$1,001 - $15,000
	Firsthand Technology Leaders Fund	Purchase	8/11/99 and several less than $1,000	$1,001 - $15,000
	Rydex Nova Fund	Purchase	8/12/99 and several less than $1,000	$1,001 - $15,000
	Pin Oak Aggressive Growth Fund	Purchase	12/1/99 and one less than $1,000	$1,001 - $15,000
	Invesco Health Sciences Fund	Purchase	11/30/99 and several less than $1,000	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Federal Signal Corp	Purchase	5/24/99	$1,001 - $15,000
	Professional Investment Associates- Investment Club	Purchase	$250 per month	$1,001 - $15,000
	Value Line Asset Allocation	Purchase	several less than $1,000	$1,001 - $15,000
	Baron Asset Fund	Purchase	several less than $1,000	$1,001 - $15,000
	Fidelity Select Health Care Fund	Purchase	1/8/99 and several less than $1,000	$1,001 - $15,000
	Fidelity Growth & Income Fund	Sold	3/2/99 and one less than $1,000	$1,001 - $15,000
	White Oak Growth Stock Fund	Purchase	several less than $1,000	$1,001 - $15,000
	Synovus Financial	Purchase	2 less than $1,000	$1,001 - $15,000
	Cracker Barrel (stock)	Purchase	several less than $1,000	$1,001 - $15,000
	Cracker Barrel (stock)	Sold	8/19/99	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Crestar Bank	mortgage on former residence	$50,001 - $100,000
	Fidelity Investments	margin account	50,001 - 100,000
	Brown + Co.	margin account	50,001 - 100,000
	TD Waterhouse	margin account	15,001 - 50,000
	Wheat First Union	margin account	15,001 - 50,000
	Chase Visa	credit card	10,001 - 15,000
	MBNA Bank	credit cards	10,001 - 15,000
	First USA Bank	credit cards	10,001 - 15,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

*Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board member	Hampton Roads Chapter, March of Dimes

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HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

The Honorable F. James Sensenbrenner, Jr.
(Full Name)

2332 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202)225-5101

Filer Status	[X] Member of the U S House of Representatives	State WI District 09	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X]	No [ ]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	James Sensenbrenner Jr	5/13/00

3946

Name The Honorable F. James Sensenbrenner, Jr.	Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Sensenbrenner Family Trust (Trustee Fee)	Family	$25,000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name The Honorable F. James Sensenbrenner, Jr.	Page ___ of ____

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500

Name The Honorable F. James Sensenbrenner, Jr.	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Wisc. State Retirement	$50,001 - $100,000	Dividends	None	
Abbott Laboratories stock	$250,001 - $500,000	Dividends	$5,001 - $15,000	NA
Ameritech merged with SBC	$15,001 - $50,000	Dividends	$1,001 - $2,500	drip
BP/AMOCO	$100,001 - $250,000	Dividends	$2,501 - $5,000	split/merge
AT&T stock	$15,001 - $50,000	Dividends	$201 - $1,000	drip
Bank One stock	$100,001 - $250,000	Dividends	$5,001 - $15,000	NA

Name The Honorable F. James Sensenbrenner, Jr.	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Bell Atlantic stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	drip
	Bell South stock	$50,001 - $100,000	Dividends	$201 - $1,000	drip
	Morgan Stanley/Dean Whitter	$15,001 - $50,000	Dividends	$1 - $200	split
	Dunn & Bradstreet stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	NA
	DuPont stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	NA
	Eastman Chemical stock	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Eastman Kodak stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	NA
	Exxon Mobil stock	$250,001 - $500,000	Dividends	$5,001 - $15,000	NA
	Firstar stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	split
	General Mills stock	$50,001 - $100,000	Dividends	$2,501 - $5,000	split
	General Motors	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	Halliburton Corp stock	$50,001 - $100,000	Dividends	$201 - $1,000	NA
	Reliant Energy (Houston Industries)	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Kellogg Corp stock	$50,001 - $100,000	Dividends	$201 - $1,000	NA
	Kimberly Clark Corp stock	$1,000,001 - $5,000,000	Dividends	$15,001 - $50,000	sold
	Merck & Co stock	$1,000,001 - $5,000,000	Dividends	$15,001 - $50,000	NA
	Minn Min & Mfg stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	NA
	Monsanto Corp stock	$250,001 - $500,000	Dividends	$1,001 - $2,500	NA
	Newell/Rubbermaid	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA

Name The Honorable F. James Sensenbrenner, Jr. | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Ogden & Co stock	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	PG&E (Pacific Gas & Electric)	$1,001 - $15,000	Dividends	$201 - $1,000	NA
SP	Philip Morris Co stock	$100,001 - $250,000	Dividends	$5,001 - $15,000	NA
	Sears Roebuck stock	$1,001 - $15,000	Dividends	$1 - $200	NA
	SBC Comm stock	$50,001 - $100,000	Dividends	$201 - $1,000	drip/split
	Tenneco Automotive stock	$1,001 - $15,000	Dividends	$201 - $1,000	drip
	Unisys stock	$1,001 - $15,000	Dividends	$1 - $200	E
SP	Universal Foods stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	drip
	US West stock	$15,001 - $50,000	Dividends	$201 - $1,000	drip
	Warner Lambert stock	$250,001 - $500,000	Dividends	$5,001 - $15,000	split
	IMS Health	$50,001 - $100,000	Dividends	$201 - $1,000	
	Media One	$15,001 - $50,000	NA	None	
	RR Donnelly Corp.	$1,001 - $15,000	Dividends	$201 - $1,000	
	Solutia	$15,001 - $50,000	Dividends	$1 - $200	
	General Electric	$500,001 - $1,000,000	Dividends	$5,001 - $15,000	
	Cognizant Corp stock	$100,001 - $250,000	NA	None	NA
	Delphi Automotive stock	$1,001 - $15,000	NA	None	Spin off
	Gartner Group stock	$1,001 - $15,000	NA	None	Spin off
	Wisconsin Energy stock	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA

Name The Honorable F. James Sensenbrenner, Jr	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Allstate Ins. stock	$1,001 - $15,000	Dividends	$1 - $200	split
	Darden Restaurants	$15,001 - $50,000	Dividends	$201 - $1,000	
	Sandusky Voting Trust	$1,001 - $15,000	Dividends	$1 - $200	NA
	Vodaphone Airtouch Communication stock	$15,001 - $50,000		None	
	Highlands Insurance stock	$1 - $1,000		None	
	x				
	Bank One, Milwaukee	$15,001 - $50,000	Interest	$2,501 - $5,000	
	M&I Bank Lake Country Bank	$1 - $1,000	Interest	$1 - $200	
	Burke & Herbert Bank	$1,001 - $15,000	NA	None	
	Firstar FSB, IRA	$50,001 - $100,000	NA	NA	
DC	FJS, III Trust	$100,001 - $250,000	Dividends	$2,501 - $5,000	
DC	RAS Trust	$100,001 - $250,000	Dividends	$2,501 - $5,000	
	FJS Jr. Trust	$500,001 - $1,000,000	Dividends	$5,001 - $15,000	
DC	Schweitzer Maudit (in trust)	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	Burke & Herbert Bank	$1,001 - $15,000	Interest	$1 - $200	
DC	Burke & Herbert Bank	$1,001 - $15,000	Interest	$1 - $200	
DC	Kimberly Clark Corp (in trust)	$500,001 - $1,000,000	Dividends	$5,001 - $15,000	
DC	Burke & Herbert Bank (in trust)	$100,001 - $250,000	Interest	$5,001 - $15,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Kimberly Clark Corp (in trust)	$500,001 - $1,000,000	Dividends	$5,001 - $15,000	
DC	Bank One (in trust)	$100,001 - $250,000	Interest	$5,001 - $15,000	
DC	FJS, III 1993 Trust (Exempt)	None	Dividends/Interest	$5,001 - $15,000	
DC	RAS 1993 Trust (Exempt)	None	Dividends/Interest	$5,001 - $15,000	
DC	Firstar Bank	$1,001 - $15,000	Interest	$1 - $200	
DC	Firstar Bank	$1,001 - $15,000	Interest	$1 - $200	
DC	Schweietzer Maudit (in trust)	$1,001 - $15,000	Dividends	$201 - $1,000	
	Nielsen Media	$15,001 - $50,000	Dividends	None	S
	NCR Corp.	$1,001 - $15,000		None	NA
	El Paso Energy	$1,001 - $15,000	Dividends	$1 - $200	NA
	Imation	$1,001 - $15,000		None	
	Lucent Technologies	$15,001 - $50,000	Dividends	$1 - $200	split
	Newport News Shipbuilding	$1,001 - $15,000	Dividends	$1 - $200	drip
	Raytheon Co.	$1 - $1,000	Dividends	$1 - $200	NA
	Pactive Corp stock	$1,001 - $15,000	NA	None	Spin off

Name The Honorable F. James Sensenbrenner, Jr. | Page ____ of _____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Kimberly Clark stock	Sold	1/04/99	$50,001 - $100,000
	Kimberly Clark stock	Sold	3/12/99	$15,001 - $50,000
	Kimberly Clark stock	Sold	7/26/99	$50,001 - $100,000
	Kimberly Clark stock	Sold	9/09/99	$15,001 - $50,000
	Kimberly Clark stock	Sold	12/13/99	$15,001 - $50,000
	Nielsen Media	Sold	10/27/99	$15,001 - $50,000

Name The Honorable F. James Sensenbrenner, Jr.	Page ____ of____

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000

Name The Honorable F. James Sensenbrenner, Jr.	Page ____ of ____

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Name The Honorable F. James Sensenbrenner, Jr.	Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
MIT Hippocratic Society	3/12-3/14	Washington/Boston/Washington	Y	Y	N	NA
Norwegian Government	8/10-8/19	Wshington/Norway/Washington	Y	Y	Y	NA
American Association for the Advancement of Science	8/25-9/2	Washington/Bangkok/Tokly/Washington	Y	Y	N	4

Name The Honorable F. James Sensenbrenner, Jr.	Page____ of _____

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Trustee	Sensenbrenner Family Trust
Co-Trustee	Separate trusts established for benefit of
	F. James Sensenbrenner, III, and
	Robert Alan Sensenbrenner

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

F. JAMES SENSENBRENNER, JR.
NINTH DISTRICT, WISCONSIN
COMMITTEE ON SCIENCE, CHAIRMAN
COMMITTEE ON THE JUDICIARY

Congress of the United States
House of Representatives
Washington, DC 20515–4909

WASHINGTON OFFICE:
ROOM 2332
RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–4909
202–225–5101

DISTRICT OFFICE:
120 BISHOPS WAY
BROOKFIELD, WI 53005–6294
414–784–1111

OUTSIDE MILWAUKEE METRO
CALLING AREA
1–800–242–1119

E-MAIL:
SENSEN09@mail.house.gov

MR. SENSENBRENNER. Mr. Speaker, through the following statement, I am making my financial net worth as of March 31, 2000, a matter of public record. I have filed similar statements for each of the twenty preceding years I have served in the Congress.

ASSETS

REAL PROPERTY

Single family residence at 609 Ft. Williams Parkway, City of Alexandria, Virginia, at assessed valuation. (Assessed at 600,000). Ratio of assessed to market value: 100% (Encumbered)	$658,000.00
Condominium at N76 W14726 North Point Drive, Village of Menomonee Falls, Waukesha County, Wisconsin, at assessor's estimated market value. (Unencumbered)	99,900.00
Undivided 25/44ths interest in single family residence at N52 W32654 Maple Lane, Village of Chenequa, Waukesha County, Wisconsin, at 25/44ths of assessor's estimated market value of $675,800.	383,977.25
TOTAL REAL PROPERTY	$1,141,877.25

2000 disclosure

Common & Preferred Stock	# of shares	$ per share	Value
Abbott Laboratories, Inc.	12200	35.19	429,287.50
Allstate Corporation	370	23.81	8,810.63
American Telephone & Telegraph	881.795	56.44	49,766.31
Bank One Corp.	3439	34.38	118,215.63
Bell Atlantic Corp.	1042.703	61.13	63,735.22
Bell South Corp.	1234.7713	46.88	57,879.90
Benton County Mining Company	333	0.00	0.00
BP Amoco	3604	40.13	144,610.50
Chenequa Country Club Realty Co.	1	0.00	0.00
Cognizant Corp.	2500	62.50	156,250.00
Darden Restaurants, Inc.	1440	17.81	25,650.00
Delphi Automotive	212	16.00	3,392.00
Dunn & Bradstreet, Inc.	2500	28.63	71,562.50
E.I. DuPont de Nemours Corp.	1200	52.13	62,550.00
Eastman Chemical Co.	270	45.50	12,285.00
Eastman Kodak	1080	54.31	58,657.50
El Paso Energy	150	40.38	6,056.25
Exxon Mobile Corp.	4864	77.81	378,480.00
Firstar Corp.	3081	22.94	70,670.44
Gartner Group	651	15.75	10,253.25
General Electric Co.	5200	155.44	808,275.00
General Mills, Inc.	2280	36.19	82,507.50
General Motors Corp.	304	82.81	25,175.00
Halliburton Company	2000	41.00	82,000.00
Highlands Insurance Group, Inc.	100	8.63	862.50
Imation Corp.	99	26.69	2,642.06
IMS Health	5000	16.94	84,687.50
Kellogg Corp.	3200	25.75	82,400.00
Kimberly-Clark Corp.	27478	56.00	1,538,768.00
Lucent Technologies	696	60.75	42,282.00
Media One	255	81.00	20,655.00
Merck & Co., Inc.	34078	62.13	2,117,095.75
Minnesota Mining & Manufacturing	1000	88.56	88,562.50
Monsanto Corporation	8360	50.00	418,000.00
Morgan Stanley/Dean Whitter	312	81.56	25,447.50
NCR Corp.	68	40.13	2,728.50
Newell Rubbermaid	1676	24.81	41,585.75
Newport News Shipbuilding	165.095	30.25	4,994.12
Nielsen Media	833	24.69	20,564.69
Ogden Corp.	910	11.93	10,858.58
Pactive Corp.	200	8.69	1,737.50
PG&E Corp.	175	21.00	3,675.00
Raytheon Co.	19	18.81	357.44
Reliant Energy	300	26.06	7,818.75
RR Donnelly Corp.	500	20.93	10,466.25
Sandusky Voting Trust	26	87.00	2,262.00
SBC Communications	2146.009	42.13	90,400.63
Sears Roebuck & Co.	200	30.88	6,175.00

2000 disclosure

Solutia	1672	13.38	22,363.00
Tenneco Automotive	178.112	7.93	1,412.87
U.S. West, Inc.	328.244	72.63	23,838.72
Unisys, Inc.	167	25.69	4,289.81
Vodaphone Airtouch	370	55.56	20,558.13
Warner Lambert Co.	6804	97.31	662,114.25
Wisconsin Energy Corp.	1022	19.93	20,371.02

TOTAL COMMON & PREFERRED STOCKS AND BONDS $7,676,757.43

2000 disclosure

Life Insurance Policies	Face $	Surrender $
Northwestern Mutual #4378000	12,000.00	43,994.76
Northwestern Mutual #4574061	30,000.00	105,435.38
Massachusetts Mutual #4116575	10,000.00	7,915.38
Massachusetts Mutual #4228344	100,000.00	180,654.15
Old Line Life Ins. #5-1607059L	175,000.00	34,829.81
TOTAL LIFE INSURANCE POLICIES		$372,829.48

2000 disclosure

BANK & SAVINGS & LOAN ACCOUNTS	BALANCE
Bank One, Milwaukee, N.A., checking account	6,138.18
Bank One, Milwaukee, N.A., preferred savings	51,555.12
M&I Lake Country Bank, Hartland, WI, checking account	2,982.30
M&I Lake Country Bank, Hartland, WI, savings	349.03
Burke & Herbert Bank, Alexandria, VA, checking account	675.84
Firstar, FSB, Butler, WI, IRA accounts	74,080.51
TOTAL BANK & SAVINGS & LOAN ACCOUNTS	$135,780.98

2000 disclosure

MISCELLANEOUS	VALUE
1994 Cadillac Deville	$13,400.00
1991 Buick Century automobile - blue book retail value	$4,150.00
Office furniture & equipment (estimated)	$1,000.00
Furniture, clothing & personal property (estimated)	$160,000.00
Stamp collection (estimated)	$55,000.00
Interest in Wisconsin retirement fund	$261,497.93
Deposits in Congressional Retirement Fund	$124,393.54
Deposits in Federal Thrift Savings Plan	$122,268.19
Traveller's checks	$7,418.96
20 ft. Manitou pontoon boat & 40 hp Yamaha outboard motor (estimated)	$4,500.00
17 ft. Boston Whaler boat & 70 hp Johnson outboard motor (estimated)	$6,500.00
TOTAL MISCELLANEOUS	$760,128.62
TOTAL ASSETS	$10,087,373.76

2000 disclosure

LIABILITIES

Nations Bank Mortgage Company , Louisville, KY on Alexandria, VA residence Loan #39758-77	$73,087.97
Miscellaneous charge accounts (estimated)	$0.00
TOTAL LIABILITIES	$73,087.97
NET WORTH	$10,014,285.79

2000 disclosure

STATEMENT OF 1998 TAXES PAID

Federal income tax	$129,158.00
Wisconsin income tax	$28,286.00
Menomonee Falls, WI property tax	$1,982.56
Chenequa, WI property tax	$15,191.68
Alexandria, VA property tax	$6,820.00

I further declare that I am trustee of a trust established under the will of my later father, Frank James Sensenbrenner, Sr., for the benefit of my sister, Margaret A. Sensenbrenner, and of my two sons, F. James Sensenbrenner, III, and Robert Alan Sensenbrenner. I am further the direct beneficiary of two trusts, but have no control over the assets of either trust. My wife, Cheryl Warren Sensenbrenner, and I are trustees of separate trusts established for the benefit of each son under the Uniform Gift to Minors Act. Also, I am neither an officer nor a director of any corporation organized under the laws of the State of Wisconsin or of any other state or foreign country.

→ 957221621?
→ 957203101?, 957203151?
→ 95721-5310, 957200741?
→ 957-13,121?, 957-13130 ?

F. JAMES SENSENBRENNER, JR.,
Member of Congress

[illegible] in addition to the assets listed above on pp 2-6, and the assets shown on Sch III.
[illegible]
5-15-00

1999 TRADES AND RECEIPTS

'2007410 F JAMES SENSENBRENNER JR-TTEE

'urchases

Settlement Date	# of Shares	Security	$ Amount
05/26/99	50,000	Irvine Calif 4.250% 11/01/09	$49,790.00
05/26/99	50,000	Jefferson Calif 4.300% 8/01/09	50,000.00
07/26/99	50,000	Rancho Mirage Calif 5.250% 7/01/10	51,559.50
08/11/99	50,000	San Francisco Calif 5.000% 6/15/11	50,000.00
08/04/99	50,000	San Mateo Cnty Calif 4.250% 6/01/10	47,775.00
	TOTAL		$249,124.50

.ales

Settlement Date	# of Shares	Security	$ Amount
02/25/99	66.00	Corn Prods Intl Inc	$ 1,605.19
04/23/99	0.50	AT&T Corp	27.91
04/27/99	2,000.00	Kimberly Clark Corp	116,251.12
07/30/99	2,000.00	Kimberly Clark Corp	122,875.90
08/02/99	50,000.00	Maturity-Los Angeles Calif 4.7%	50,000.00
	TOTAL		$290,760.12

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No receipts to report	$0.00

1999 TRADES AND RECEIPTS

72031010 F JAMES SENSENBRENNER III TR

urchases

Settlement Date	# of Shares	Security	$ Amount
01/12/99	18.598	One Group Disciplined Value Fd	$ 267.25
01/12/99	118.314	One Group Government Bond Fd	1,197.34
01/12/99	111.223	One Group Income Bond Fd	1,044.38
01/12/99	94.782	One Group Large Company Value Fd	1,561.06
02/23/99	110.254	One Group Disciplined Value Fd	1,470.79
02/23/99	145.174	One Group Large Company Value Fd	2,359.08
02/23/99	65.554	One Group Value Growth Fd	917.76
07/21/99	133.631	One Group Bond Fd	1,391.10
07/21/99	15.706	One Group Small Cap Value Fd	223.65
10/19/99	207.311	One Group Income Bond Fd	1,561.05
10/19/99	99.449	One Group Large Cap Value Fd	1,564.33
10/19/99	188.734	One Group Small Cap Value Fd	2,349.74
12/20/99	112.360	One Group Diversified Equity Fd	1,600.00
12/20/99	20.031	One Group Large Cap Growth Fd	518.00
12/20/99	121.012	One Group Large Cap Value Fd	1,889.00
12/20/99	30.601	One Group Mid Cap Growth Fd	743.00
12/20/99	239.641	One Group Mid Cap Value Fd	2,938.00
12/20/99	17.462	One Group Small Cap Growth Fd	183.00
12/20/99	10.230	One Group Small Cap Value Fd	129.00
	TOTAL		$ 23,907.53

ales

Settlement Date	# of Shares	Security	$ Amount
01/12/99	145.318	One Group Grwth Opportunities Fd	$ 3,332.15
02/23/99	141.451	One Group Government Bond Fd	1,425.83
02/23/99	153.081	One Group Income Bond Fd	1,429.78
02/23/99	72.238	One Group Large Company Grwth Fd	1,790.07
05/18/99	75.546	One Group Large Cap Value Fd	1,350.00
07/21/99	150.489	One Group Small Cap Growth Fd	1,614.75
10/19/99	235.820	One Group Government Bond Fd	2,245.01
10/19/99	148.393	One Group Interm. Bond Fd	1,500.25
10/19/99	17.665	One Group Mid Cap Growth Fd	408.77
10/19/99	131.321	One Group Small Cap Growth Fd	1,321.09
	TOTAL		$16,417.70

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No receipts to report $0.00

1999 TRADES AND RECEIPTS

'2031510 ROBERT ALAN SENSENBRENNER TR

urchases

Settlement Date	# of Shares	Security	$ Amount
01/12/99	19.129	One Group Disciplined Value Fd	$ 274.88
01/12/99	96.390	One Group Large Company Value Fd	1,587.54
01/12/99	112.124	One Group Income Bond Fd	1,052.84
01/12/99	120.141	One Group Government Bond Fd	1,215.83
02/23/99	66.980	One Group Value Growth Fd	937.72
02/23/99	111.702	One Group Disciplined Value Fd	1,490.11
02/23/99	147.456	One Group Large Company Value Fd	2,396.16
07/21/99	15.537	One Group Small Cap Value Fd	221.24
07/21/99	135.716	One Group Bond Fd	1,412.80
10/19/99	100.962	One Group Large Cap Value Fd	1,588.14
10/19/99	192.105	One Group Small Cap Value Fd	2,391.71
10/19/99	210.560	One Group Income Bond Fd	1,585.52
12/20/99	10.071	One Group Small Cap Value Fd	127.00
12/20/99	17.557	One Group Small Cap Growth Fd	184.00
12/20/99	19.490	One Group Large Cap Growth Fd	504.00
12/20/99	30.395	One Group Mid Cap Growth Fd	738.00
12/20/99	112.149	One Group Diversified Equity Fd	1,597.00
12/20/99	121.332	One Group Large Cap Value Fd	1,894.00
12/20/99	241.272	One Group Mid Cap Value Fd	2,958.00
	TOTAL		$24,156.49

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Settlement Date	# of Shares	Security	$ Amount
01/12/99	147.641	One Group Grwth Opportunities Fd	$ 3,385.41
02/23/99	73.390	One Group Large Company Grwth Fd	1,818.61
02/23/99	155.458	One Group Income Bond Fd	1,451.98
02/23/99	143.651	One Group Government Bond Fd	1,448.00
05/18/99	76.665	One Group Large Cap Value Fd	1,370.00
07/21/99	152.287	One Group Small Cap Growth Fd	1,634.04
10/19/99	18.162	One Group Mid Cap Growth Fd	420.27
10/19/99	133.378	One Group Small Cap Growth Fd	1,341.78
10/19/99	150.672	One Group Interm. Bond Fd	1,523.29
10/19/99	239.499	One Group Government Bond Fd	2,280.03
	TOTAL		$16,673.41

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No receipts to report $0.00

1999 TRADES AND RECEIPTS

;72131210 F JAMES SENSENBRENNER III 1993 TR

Purchases

Settlement Date	# of Shares	Security	$ Amount
01/08/99	240.410	One Group Disciplined Value Fd	$ 3,473.93
01/08/99	265.405	One Group Income Bond Fd	2,502.77
01/08/99	213.919	One Group Large Company Value Fd	3,529.67
01/08/99	34.886	One Group Value Growth Fd	493.63
02/23/99	184.031	One Group Large Company Value Fd	2,990.50
02/23/99	9.791	One Group Value Growth Fd	137.08
03/10/99	155.732	One Group Value Growth Fd	2,200.50
04/29/99	41.452	One Group Interm. Bond Fd	434.00
05/27/99	7.160	One Group Large Cap Growth Fd	174.00
06/11/99	13.756	One Group Interm. Bond Fd	141.00
10/19/99	517.713	One Group Bond Fd	5,223.72
10/19/99	455.494	One Group Income Bond Fd	3,429.87
10/19/99	233.453	One Group Mid Cap Value Fd	2,976.52
10/19/99	419.576	One Group Small Cap Value Fd	5,223.72
12/22/99	378.566	One Group Diversified Equity Fd	5,440.00
12/22/99	167.035	One Group Large Cap Growth Fd	4,378.00
12/22/99	621.085	One Group Large Cap Value Fd	9,726.19
12/22/99	160.844	One Group Mid Cap Growth Fd	4,042.00
12/22/99	656.356	One Group Mid Cap Value Fd	8,138.81
12/22/99	60.465	One Group Small Cap Growth Fd	650.00
12/22/99	46.798	One Group Small Cap Value Fd	592.00
	TOTAL		$65,897.91

Sales

Settlement Date	# of Shares	Security	$ Amount
02/23/99	334.859	One Group Income Bond Fd	$ 3,127.58
10/19/99	563.767	One Group Government Bond Fd	5,367.06
10/19/99	137.455	One Group Intermediate Bond Fd	1,389.67
10/19/99	52.622	One Group Large Cap Growth Fd	1,304.50
10/19/99	67.390	One Group Mid Cap Growth Fd	1,559.40
10/19/99	531.449	One Group Small Cap Growth Fd	5,346.38
12/23/99	8.590	One Group Intl Equity Index Fd	187.09
12/23/99	27.766	One Group Large Cap Value Fd	435.10
12/23/99	86.954	One Group Short-Term Bond Fd	895.63
	TOTAL		$19,612.41

Receipts

Date	Description	Amount
01/06/99	Check from Margaret L. Smith Flexitrust	$10,000.00
03/08/99	Check from Margaret Luedke Smith 1976 Tr	2,200.50
04/27/99	Personal 1998 Fed Income Tax Refund	434.00
05/25/99	Personal 1998 Wisconsin Income Tax Refund	174.00
06/09/99	Fiduciary 1998 Wisconsin Tax Refund	141.00
12/20/99	Check from Margaret Luedke Smith 1976 Tr	17,865.00
	TOTAL	$30,814.50

1999 TRADES AND RECEIPTS

72125310 F JAMES SENSENBRENNER JR TR

Purchases

Settlement Date	# of Shares	Security	$ Amount
12/23/99	2,710.843	One Group Small Cap Growth Fd	$29,250.00
	TOTAL		$29,250.00

Sales

Settlement Date	# of Shares	Security	$ Amount
No sales to report			$0.00
	TOTAL		$0.00

Receipts

No receipts to report	$0.00

1999 TRADES AND RECEIPTS

2131310 ROBERT ALAN SENSENBRENNER 1993 TR

urchases

Settlement Date	# of Shares	Security	$ Amount
01/08/99	241.076	One Group Disciplined Value Fd	$ 3,483.55
01/08/99	29.494	One Group Income Bond Fd	278.13
01/08/99	111.532	One Group Large Company Growth Fd	2,709.12
01/08/99	213.891	One Group Large Company Value Fd	3,529.20
02/23/99	176.130	One Group Large Company Value Fd	2,862.11
02/23/99	33.505	One Group Value Growth Fd	469.07
03/10/99	15.771	One Group Intl Equity Index Fd	267.64
03/10/99	136.791	One Group Value Growth Fd	1,932.86
04/29/99	83.286	One Group Interm. Bond Fd	872.00
05/27/99	7.860	One Group Large Cap Growth Fd	191.00
06/11/99	5.526	One Group Large Cap Growth Fd	135.00
10/19/99	503.515	One Group Bond Fd	5,080.47
10/19/99	229.529	One Group Mid Cap Value Fd	2,926.49
10/19/99	408.070	One Group Small Cap Value Fd	5,080.47
12/22/99	411.413	One Group Diversified Equity Fd	5,912.00
12/22/99	178.405	One Group Large Cap Growth Fd	4,676.00
12/22/99	618.033	One Group Large Cap Value Fd	9,678.40
12/22/99	125.149	One Group Mid Cap Growth Fd	3,145.00
12/22/99	660.210	One Group Mid Cap Value Fd	8,186.60
12/22/99	66.326	One Group Small Cap Growth Fd	713.00
12/22/99	51.779	One Group Small Cap Value Fd	655.00
	TOTAL		$62,783.11

Sales

Settlement Date	# of Shares	Security	$ Amount
02/23/99	134.430	One Group Large Company Grwth Fd	$ 3,331.18
10/19/99	549.184	One Group Government Bond Fd	5,228.23
10/19/99	161.630	One Group Interm. Bond Fd	1,634.08
10/19/99	511.384	One Group Small Cap Growth Fd	5,144.52
12/23/99	17.278	One Group Intl Equity Index Fd	376.31
12/23/99	28.010	One Group Large Cap Value Fd	438.91
12/23/99	6.819	One Group Mid Cap Vaule Fd	85.38
12/23/99	106.200	One Group Short-Term Bond Fd	1,093.86
TOTAL			$17,332.47

Receipts

Date	Description	Amount
01/06/99	Check from Margaret L. Smith Flexitrust	$10,000.00
03/08/99	Check from Margaret Luedke Smith 1976 Tr	2,200.50
04/27/99	Personal 1998 Fed Income Tax Refund	872.00
05/25/99	Personal 1998 Wisconsin Income Tax Refund	191.00
06/09/99	Fiduciary 1998 Wisconsin Tax Refund	135.00
12/20/99	Check from Margaret Luedke Smith 1976 Tr	17,865.00
TOTAL		$31,263.50

1999 TRADES AND RECEIPTS

722226310 Margaret L Smith 96 Exempt F James

Purchases

Settlement Date	# of Shares	Security	$ Amount
12/21/99	771.456	One Group Inter Tax-Free Bond Fd	$8,000.00
12/21/99	845.666	One Group Municipal Income Fd	8,000.00
	TOTAL		$16,000.00

Sales

12/22/99	0.015	Exxon Mobil Corp	$1.22
	TOTAL		$1.22

Receipts

06/09/99		Fiduciary 1998 Wisconsin Refund	$387.00

BANK ONE TRUST COMPANY, NA
111 E WISCONSIN AVE
MILWAUKEE, WI 53202

STATEMENT OF ACCOUNT
FOR PERIOD 01/01/99 THROUGH 12/31/99

Filer is here. (?)

F JAMES SENSENBRENNER JR-TTEE

ACCOUNT NUMBER 9572007410

FOR ASSISTANCE, PLEASE CONTACT
LYNN E PAULL
(414) 765-2751

F JAMES SENSENBRENNER JR
609 FORT WILLIAMS PKWY
ALEXANDRIA VA 22304-1813

BANK ONE.

STATEMENT MESSAGES

ACCOUNT NO. 9572007410 F JAMES SENSENBRENNER JR-TTEE

MUTUAL FUNDS, INCLUDING PROPRIETARY MUTUAL FUNDS, AND VARIOUS OTHER MARKETABLE SECURITIES ARE NOT INSURED OR GUARANTEED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER GOVERNMENT SPONSORED AGENCY OF THE FEDERAL GOVERNMENT OR ANY STATE. ALL INVOLVE INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED. "THE ONE GROUP" FUNDS ARE NOT DEPOSITS OR OBLIGATIONS OF, AND ARE NOT GUARANTEED BY, BANK ONE CORPORATION OR ITS BANK OR NON-BANK AFFILIATES.

****

ALTHOUGH MARKET VALUES AND PRICES HAVE BEEN OBTAINED FROM SOURCES WE BELIEVE TO BE RELIABLE, WE DO NOT GUARANTEE THEIR ACCURACY. CERTAIN FIXED INCOME SECURITIES AND ASSETS THAT ARE NOT PUBLICLY OR FREQUENTLY TRADED CANNOT BE READILY PRICED.

****

THIS STATEMENT IS NOT AN OFFICIAL DOCUMENT FOR INCOME TAX REPORTING PURPOSES.

****

TRANSACTION SUMMARY

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
BEGINNING BALANCES 12/31/98	0.00	0.00	1,972,655.54
CASH RECEIPTS			
NET INTEREST	39,477.00		
NET DIVIDENDS	92,359.08	1.32	
TOTAL CASH RECEIPTS	131,836.08	1.32	0.00
CASH DISBURSEMENTS			
DISTRIBUTIONS TO BENEFICIARIES	122,798.04-	12,500.00-	
FIDUCIARY INCOME TAXES		49,887.00-	
ADMINISTRATIVE EXPENSES	8,142.94-		
OTHER PROFESSIONAL FEES	895.10-		
TOTAL CASH DISBURSEMENTS	131,836.08-	62,387.00-	0.00
INVESTMENT TRANSACTIONS			
PURCHASES		249,124.50-	249,124.50
SALES/MATURITIES		290,760.12	105,645.76-
DISTRIBUTIONS IN KIND			8,767.00-
ASSETS RECEIVED IN KIND			8,767.00

BANK ONE.

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TRANSACTION SUMMARY

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
AMORTIZATION			657.86-
NET PURCHASES/SALES			
CASH MANAGEMENT VEHICLE		20,750.06	20,750.06-
TOTAL INVESTMENT TRANSACTIONS		62,385.68	122,070.82
ENDING BALANCES 12/31/99	0.00	0.00	2,094,726.36

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/31/98	BEGINNING BALANCES	0.00	0.00	1,972,655.54
01/04/99	DIVIDEND ON BANK ONE CORP $ 0.38000 /SH ON 2,039.00 SHARES DUE 1/ 1/99	774.82		
01/04/99	DIVIDEND ON UNION PAC RES GROUP INC $ 0.05000 /SH ON 223.00 SHARES DUE 1/ 2/99	11.15		
01/04/99	DIVIDEND ON BURLINGTON NORTHN SANTA FE CORP $ 0.12000 /SH ON 105.00 SHARES DUE 1/ 4/99	12.60		
01/04/99	DIVIDEND ON JOHNSON CTLS INC $ 0.25000 /SH ON 400.00 SHARES DUE 1/ 4/99	100.00		
01/04/99	DIVIDEND ON UNION PAC CORP $ 0.20000 /SH ON 264.00 SHARES DUE 1/ 4/99	52.80		
01/04/99	PURCHASED 951.37 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/ 4/99		951.37-	951.37
01/04/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 12/1/98 TO 12/31/98	547.89		

BANK ONE.

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TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/05/99	DIVIDEND ON KIMBERLY CLARK CORP $ 0.25000 /SH ON 83,000.00 SHARES DUE 1/ 5/99	20,750.00		
01/05/99	PURCHASED 21,297.89 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/ 5/99		21,297.89-	21,297.89
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98	690.97-		
01/11/99	SOLD 690.97 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/11/99		690.97	690.97-
01/15/99	DIVIDEND ON FIRSTAR CORP NEW WIS $ 0.30000 /SH ON 1,216.00 SHARES DUE 1/15/99	364.80		
01/15/99	PURCHASED 364.8 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/15/99		364.80-	364.80
01/25/99	DIVIDEND ON BESTFOODS $ 0.24500 /SH ON 528.00 SHARES DUE 1/25/99	129.36		

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TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/25/99	DIVIDEND ON CORN PRODS INTL INC $ 0.08000 /SH ON 66.00 SHARES DUE 1/25/99	5.28		
01/25/99	PURCHASED 134.64 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/25/99		134.64-	134.64
01/29/99	DIVIDEND ON BESTFOODS $ 0.00250 /SH ON 528.00 SHARES DUE 1/25/99 DUE TO RIGHTS REDEMPTION		1.32	
02/01/99	DIVIDEND ON CHASE MANHATTAN CORP NEW $ 0.36000 /SH ON 274.00 SHARES DUE 1/31/99	98.64		
02/01/99	DIVIDEND ON AT & T CORP $ 0.33000 /SH ON 567.00 SHARES DUE 2/ 1/99	187.11		
02/01/99	INTEREST ON COTATI-ROHNERT PK CA 4.400% 8/01/02 $ 0.02200 /PAR VALUE ON 50,000.00 PAR VALUE DUE 2/ 1/99	1,100.00		
02/01/99	INTEREST ON HEMET CALIF WTR REV 5.000% 8/01/07 $ 0.02500 /PAR VALUE ON 50,000.00 PAR VALUE DUE 2/ 1/99	1,250.00		

BANK ONE.

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TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/01/99	INTEREST ON LOS ANGELES CALIF 4.750% 8/01/99 $ 0.02375 /PAR VALUE ON 50,000.00 PAR VALUE DUE 2/ 1/99	1,187.50		
02/01/99	INTEREST ON LOS ANGELES CALIF MU 4.700% 2/01/04 $ 0.02350 /PAR VALUE ON 50,000.00 PAR VALUE DUE 2/ 1/99	1,175.00		
02/01/99	DECREASE COST BASIS BY PRIOR YEAR AMORTIZATION LOS ANGELES CALIF MU 4.700% 2/01/04			14.01-
02/01/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION LOS ANGELES CALIF MU 4.700% 2/01/04			0.59-
02/01/99	PURCHASED 4,999.57 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/ 1/99		4,999.57-	4,999.57
02/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 1/1/99 TO 1/31/99	344.53		
02/02/99	PURCHASED 344.53 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/ 2/99		344.53-	344.53

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/05/99	CASH DISBURSEMENT PAID TO FOLEY & LARDNER LEGAL FEE AMT DUE ACCT #018423-0101 INV #99094490	450.00-		
02/08/99	SOLD 450 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/ 8/99		450.00	450.00-
02/10/99	DIVIDEND ON UNOCAL CORP $ 0.20000 /SH ON 524.00 SHARES DUE 2/10/99	104.80		
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99	612.97-		
02/10/99	SOLD 508.17 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/10/99		508.17	508.17-
02/25/99	SOLD 66 SH CORN PRODS INTL INC TRADE DATE 2/22/99 SOLD THROUGH EXECUTION SERVICES, INC. PAID $20.00 BROKERAGE 66 SHARES AT $24.625		1,605.19	424.18-

BANK ONE.

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F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/25/99	PURCHASED 1,605.19 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/25/99		1,605.19-	1,605.19
03/01/99	DIVIDEND ON LUCENT TECHNOLOGIES INC $ 0.04000 /SH ON 366.00 SHARES DUE 3/ 1/99	14.64		
03/01/99	INTEREST ON JURUPA CALIF CMNTY 4.100% 9/01/08 $ 0.00695 /PAR VALUE ON 50,000.00 PAR VALUE DUE 3/ 1/99	347.36		
03/01/99	INTEREST ON MOULTON-NIGUEL CALIF 5.250% 9/01/06 $ 0.02625 /PAR VALUE ON 50,000.00 PAR VALUE DUE 3/ 1/99	1,312.50		
03/01/99	DECREASE COST BASIS BY PRIOR YEAR AMORTIZATION MOULTON-NIGUEL CALIF 5.250% 9/01/06			44.65-
03/01/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION MOULTON-NIGUEL CALIF 5.250% 9/01/06			17.42-
03/01/99	PURCHASED 1,674.5 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/ 1/99		1,674.50-	1,674.50

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 2/1/99 TO 2/28/99	327.81		
03/02/99	PURCHASED 327.81 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/ 2/99		327.81-	327.81
03/08/99	DIVIDEND ON SOUTHERN CO $ 0.33500 /SH ON 400.00 SHARES DUE 3/ 6/99	134.00		
03/08/99	PURCHASED 134 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/ 8/99		134.00-	134.00
03/10/99	DIVIDEND ON ELECTRONIC DATA SYS CORP NEW $ 0.15000 /SH ON 448.00 SHARES DUE 3/10/99	67.20		
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99	618.93-		
03/10/99	SOLD 551.73 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/10/99		551.73	551.73-

BANK ONE

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/26/99	DIVIDEND ON BANKAMERICA CORP NEW $ 0.45000 /SH ON 800.00 SHARES DUE 3/26/99	360.00		
03/26/99	PURCHASED 360 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 3/26/99		360.00-	360.00
03/31/99	DIVIDEND ON JOHNSON CTLS INC $ 0.25000 /SH ON 400.00 SHARES DUE 3/31/99	100.00		
03/31/99	PURCHASED 100 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 3/31/99		100.00-	100.00
04/01/99	DIVIDEND ON BANK ONE CORP $ 0.42000 /SH ON 2,039.00 SHARES DUE 4/ 1/99	856.38		
04/01/99	DIVIDEND ON BURLINGTON NORTHN SANTA FE CORP $ 0.12000 /SH ON 105.00 SHARES DUE 4/ 1/99	12.60		
04/01/99	DIVIDEND ON UNION PAC CORP $ 0.20000 /SH ON 264.00 SHARES DUE 4/ 1/99	52.80		

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F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/01/99	DIVIDEND ON UNION PAC RES GROUP INC $ 0.05000 /SH ON 223.00 SHARES DUE 4/ 1/99	11.15		
04/01/99	INTEREST ON CALIFORNIA ST 5.000% 4/01/00 $ 0.02500 /PAR VALUE ON 50,000.00 PAR VALUE DUE 4/ 1/99	1,250.00		
04/01/99	DECREASE COST BASIS BY PRIOR YEAR AMORTIZATION CALIFORNIA ST 5.000% 4/01/00			21.04-
04/01/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION CALIFORNIA ST 5.000% 4/01/00			13.83-
04/01/99	INTEREST ON LONG BEACH CALIF BD 4.300% 10/01/04 $ 0.02150 /PAR VALUE ON 50,000.00 PAR VALUE DUE 4/ 1/99	1,075.00		
04/01/99	INTEREST ON SAN DIEGO CNTY CALIF 5.250% 4/01/07 $ 0.02625 /PAR VALUE ON 50,000.00 PAR VALUE DUE 4/ 1/99	1,312.50		
04/01/99	DECREASE COST BASIS BY PRIOR YEAR AMORTIZATION SAN DIEGO CNTY CALIF 5.250% 4/01/07			50.48-

BANK ONE.

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TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/01/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION SAN DIEGO CNTY CALIF 5.250% 4/01/07			43.56-
04/01/99	PURCHASED 4,570.43 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/ 1/99		4,570.43-	4,570.43
04/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 3/1/99 TO 3/31/99	368.61		
04/02/99	DIVIDEND ON KIMBERLY CLARK CORP $ 0.26000 /SH ON 81,000.00 SHARES DUE 4/ 2/99	21,060.00		
04/05/99	PURCHASED 21,428.61 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/ 5/99		21,428.61-	21,428.61
04/07/99	2 FOR 1 STOCK SPLIT LUCENT TECHNOLOGIES INC 366.00 ADDITIONAL SHARES RECEIVED			
04/07/99	CASH DISBURSEMENT PAID TO U S TREASURY DEPARTMENT FIDUCIARY FEDERAL INCOME TAX TAX DUE ON FORM 1041 FOR CALENDAR YEAR RETURN		10,784.00-	

3990

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/07/99	CASH DISBURSEMENT PAID TO WISCONSIN DEPT OF REVENUE FIDUCIARY STATE INCOME TAX TAX DUE ON FORM 2 FOR CALENDAR YEAR		1,306.00-	
04/07/99	SOLD 12,090 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/ 7/99		12,090.00	12,090.00-
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99	600.61-		
04/12/99	CASH DISBURSEMENT PAID TO INTERNAL REVENUE SERVICE FIDUCIARY EST FED INCOME TAX FIRST QUARTER FEDERAL ESTIMATED TAX PAYMENT		267.00-	
04/12/99	CASH DISBURSEMENT PAID TO WISCONSIN DEPT OF REVENUE FIDUCIARY EST STATE TAX INSTALLMENT ON WI FIDUCIARY INC TAX		28.00-	
04/12/99	SOLD 895.61 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/12/99		895.61	895.61-
04/15/99	DIVIDEND ON FIRSTAR CORP NEW WIS $ 0.30000 /SH ON 1,216.00 SHARES DUE 4/15/99	364.80		

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BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/15/99	PURCHASED 364.8 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/15/99		364.80-	364.80
04/16/99	3 FOR 1 STOCK SPLIT FIRSTAR CORP NEW WIS 2,432.00 ADDITIONAL SHARES RECEIVED			
04/16/99	3 FOR 2 STOCK SPLIT AT & T CORP 283.50 ADDITIONAL SHARES RECEIVED			
04/23/99	DIVIDEND ON BESTFOODS $ 0.24500 /SH ON 528.00 SHARES DUE 4/23/99	129.36		
04/23/99	SOLD 0.5 SH AT & T CORP TRADE DATE 4/21/99 SOLD THROUGH CASH IN LIEU OF FRACTIONAL SH 0.5 SHARES AT $55.8151 CASH IN LIEU OF FRACTIONAL SHARES		27.91	5.08-
04/23/99	PURCHASED 157.27 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/23/99		157.27-	157.27

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/27/99	SOLD 2,000 SH KIMBERLY CLARK CORP TRADE DATE 4/22/99 SOLD THROUGH PAINE WEBBER PAID $120.00 BROKERAGE 2,000 SHARES AT $58.1875		116,251.12	27,608.25-
04/27/99	PURCHASED 116,251.12 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/27/99		116,251.12-	116,251.12
04/30/99	DISTRIBUTED 800 SH BANKAMERICA CORP NEW NAME CHANGED TO BANK AMER CORP CUSIP: 060505104			8,767.00-
04/30/99	RECEIVED 800 SH BANK AMER CORP NAME CHANGED FROM BANKAMERICA CORP NEW CUSIP: 06605F102			8,767.00
04/30/99	DIVIDEND ON CHASE MANHATTAN CORP NEW $ 0.41000 /SH ON 274.00 SHARES DUE 4/30/99	112.34		

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/30/99	PURCHASED 112.34 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/30/99		112.34-	112.34
05/03/99	DIVIDEND ON AT & T CORP $ 0.22000 /SH ON 850.50 SHARES DUE 5/ 1/99 .22/SHARE EQUAL TO POST-SPLIT SHARES	187.11		
05/03/99	INTEREST ON ROCKLIN CALIF STANFO 4.500% 11/01/03 $ 0.02250 /PAR VALUE ON 50,000.00 PAR VALUE DUE 5/ 1/99	1,125.00		
05/03/99	INTEREST ON SOUTH BAY CALIF UN 4.350% 11/01/03 $ 0.02175 /PAR VALUE ON 50,000.00 PAR VALUE DUE 5/ 1/99	1,087.50		
05/03/99	DECREASE COST BASIS BY PRIOR YEAR AMORTIZATION SOUTH BAY CALIF UN 4.350% 11/01/03			9.02-
05/03/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION SOUTH BAY CALIF UN 4.350% 11/01/03			11.02-

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/03/99	PURCHASED 2,212.5 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/ 3/99		2,212.50-	2,212.50
05/03/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 4/1/99 TO 4/30/99	461.93		
05/04/99	PURCHASED 649.04 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/ 4/99		649.04-	649.04
05/10/99	DIVIDEND ON UNOCAL CORP $ 0.20000 /SH ON 524.00 SHARES DUE 5/10/99	104.80		
05/10/99	PURCHASED 104.8 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/10/99		104.80-	104.80
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99	718.43-		
05/12/99	SOLD 718.43 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/12/99		718.43	718.43-

BANK ONE.

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/26/99	PURCHASED 50,000 PAR VALUE JEFFERSON CALIF 4.300% 8/01/09 TRADE DATE 5/12/99 PURCHASED THROUGH FIRST UNION SECURITIES 50,000 PAR VALUE AT 100 %		50,000.00-	50,000.00
05/26/99	PAID ACCRUED INTEREST ON PURCHASE JEFFERSON CALIF 4.300% 8/01/09	65.70-		
05/26/99	PURCHASED 50,000 PAR VALUE IRVINE CALIF 4.250% 11/01/09 TRADE DATE 5/12/99 PURCHASED THROUGH PRUDENTIAL-BACHE 50,000 PAR VALUE AT 99.58 %		49,790.00-	49,790.00
05/26/99	SOLD 99,855.7 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/26/99		99,855.70	99,855.70-
06/01/99	DIVIDEND ON LUCENT TECHNOLOGIES INC $ 0.02000 /SH ON 732.00 SHARES DUE 6/ 1/99	14.64		
06/01/99	INTEREST ON ARCATA CALIF JT PWRS 4.850% 12/01/05 $ 0.02425 /PAR VALUE ON 50,000.00 PAR VALUE DUE 6/ 1/99	1,212.50		

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/01/99	INTEREST ON SANTA CLARA VY CALIF 5.1% 6/01/01 $ 0.02550 /PAR VALUE ON 50,000.00 PAR VALUE DUE 6/ 1/99	1,275.00		
06/01/99	PURCHASED 2,502.14 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/ 1/99		2,502.14-	2,502.14
06/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 5/1/99 TO 5/31/99	801.30		
06/02/99	PURCHASED 801.3 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/ 2/99		801.30-	801.30
06/07/99	DIVIDEND ON SOUTHERN CO $ 0.33500 /SH ON 400.00 SHARES DUE 6/ 5/99	134.00		
06/07/99	PURCHASED 134 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/ 7/99		134.00-	134.00
06/10/99	DIVIDEND ON ELECTRONIC DATA SYS CORP NEW $ 0.15000 /SH ON 448.00 SHARES DUE 6/10/99	67.20		

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/10/99	PURCHASED 67.2 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/10/99		67.20-	67.20
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99	723.42-		
06/14/99	CASH DISBURSEMENT PAID TO U S TREASURY FIDUCIARY EST FED INCOME TAX SECOND QUARTER FEDERAL ESTIMATED TAX PAYMENT		15,799.00-	
06/14/99	SOLD 16,522.42 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/14/99		16,522.42	16,522.42-
06/14/99	CASH DISBURSEMENT PAID TO WISCONSIN DEPT OF REVENUE FIDUCIARY EST STATE TAX INSTALLMENT ON WI FIDUCIARY INC TAX		3,166.00-	
06/15/99	SOLD 3,166 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/15/99		3,166.00	3,166.00-
06/18/99	FIDUCIARY TAX RETURN PREP	60.00-		

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/21/99	SOLD 60 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/21/99		60.00	60.00-
06/25/99	DIVIDEND ON BANK AMER CORP $ 0.45000 /SH ON 800.00 SHARES DUE 6/25/99	360.00		
06/25/99	PURCHASED 360 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/25/99		360.00-	360.00
06/30/99	DIVIDEND ON JOHNSON CTLS INC $ 0.25000 /SH ON 400.00 SHARES DUE 6/30/99	100.00		
06/30/99	PURCHASED 100 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/30/99		100.00-	100.00
07/01/99	DIVIDEND ON BANK ONE CORP $ 0.42000 /SH ON 2,039.00 SHARES DUE 7/ 1/99	856.38		
07/01/99	DIVIDEND ON BURLINGTON NORTHN SANTA FE CORP $ 0.12000 /SH ON 105.00 SHARES DUE 7/ 1/99	12.60		

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/01/99	DIVIDEND ON UNION PAC CORP $ 0.20000 /SH ON 264.00 SHARES DUE 7/ 1/99	52.80		
07/01/99	DIVIDEND ON UNION PAC RES GROUP INC $ 0.05000 /SH ON 223.00 SHARES DUE 7/ 1/99	11.15		
07/01/99	PURCHASED 932.93 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/ 1/99		932.93-	932.93
07/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTERLST FROM 6/1/99 TO 6/30/99	448.22		
07/02/99	DIVIDEND ON KIMBERLY CLARK CORP $ 0.26000 /SH ON 79,000.00 SHARES DUE 7/ 2/99	20,540.00		
07/02/99	PURCHASED 20,988.22 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/ 2/99		20,988.22-	20,988.22
07/06/99	SOLD 65,000 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/ 6/99		65,000.00	65,000.00-

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/06/99	CASH DISBURSEMENT PAID TO ACCOUNT # 9572070510 PAYMENT TO BENEFICIARY PARTIAL DISTRIBUTION OF INCOME	65,000.00-		
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99	662.68-		
07/12/99	SOLD 662.68 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/12/99		662.68	662.68-
07/15/99	DIVIDEND ON FIRSTAR CORP NEW WIS $ 0.10000 /SH ON 3,648.00 SHARES DUE 7/15/99	364.80		
07/15/99	PURCHASED 364.8 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/15/99		364.80-	364.80
07/23/99	DIVIDEND ON BESTFOODS $ 0.24500 /SH ON 528.00 SHARES DUE 7/23/99	129.36		
07/23/99	PURCHASED 129.36 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/23/99		129.36-	129.36

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/26/99	PURCHASED 50,000 PAR VALUE RANCHO MIRAGE CALIF 5.250% 7/01/10 TRADE DATE 7/21/99 PURCHASED THROUGH FIRST ALBANY CORP. 50,000 PAR VALUE AT 103.119 %		51,559.50-	51,559.50
07/26/99	PAID ACCRUED INTEREST ON PURCHASE RANCHO MIRAGE CALIF 5.250% 7/01/10	182.29-		
07/26/99	SOLD 51,741.79 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/26/99		51,741.79	51,741.79-
07/30/99	SOLD 2,000 SH KIMBERLY CLARK CORP TRADE DATE 7/27/99 SOLD THROUGH PAINE WEBBER PAID $120.00 BROKERAGE 2,000 SHARES AT $61.50		122,875.90	27,608.25-
07/30/99	PURCHASED 122,875.9 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/30/99		122,875.90-	122,875.90
08/02/99	DIVIDEND ON CHASE MANHATTAN CORP NEW $ 0.41000 /SH ON 274.00 SHARES DUE 7/31/99	112.34		

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F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/02/99	DIVIDEND ON AT & T CORP $ 0.22000 /SH ON 850.00 SHARES DUE 8/ 2/99	187.00		
08/02/99	INTEREST ON COTATI-ROHNERT PK CA 4.400% 8/01/02 $ 0.02200 /PAR VALUE ON 50,000.00 PAR VALUE DUE 8/ 1/99	1,100.00		
08/02/99	INTEREST ON HEMET CALIF WTR REV 5.000% 8/01/07 $ 0.02500 /PAR VALUE ON 50,000.00 PAR VALUE DUE 8/ 1/99	1,250.00		
08/02/99	INTEREST ON LOS ANGELES CALIF 4.750% 8/01/99 $ 0.02375 /PAR VALUE ON 50,000.00 PAR VALUE DUE 8/ 1/99	1,187.50		
08/02/99	INTEREST ON LOS ANGELES CALIF MU 4.700% 2/01/04 $ 0.02350 /PAR VALUE ON 50,000.00 PAR VALUE DUE 8/ 1/99	1,175.00		
08/02/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION LOS ANGELES CALIF MU 4.700% 2/01/04			14.93-
08/02/99	MATURED 50,000 PAR VALUE LOS ANGELES CALIF 4.750% 8/01/99 TRADE DATE 8/ 1/99 50,000 PAR VALUE AT 100 %		50,000.00	50,000.00-

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/02/99	PURCHASED 56,741.01 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/ 2/99		56,741.01-	56,741.01
08/02/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 7/1/99 TO 7/31/99	300.72		
08/03/99	PURCHASED 300.72 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/ 3/99		300.72-	300.72
08/04/99	INTEREST ON CABRILLO CALIF CMNTY 4.150% 8/01/08 $ 0.03417 /PAR VALUE ON 50,000.00 PAR VALUE DUE 8/ 1/99	1,708.33		
08/04/99	PURCHASED 50,000 PAR VALUE SAN MATEO CNTY CALIF 4.250% 6/01/10 TRADE DATE 7/30/99 PURCHASED THROUGH FIRST ALBANY CORP. 50,000 PAR VALUE AT 95.55 %		47,775.00-	47,775.00
08/04/99	PAID ACCRUED INTEREST ON PURCHASE SAN MATEO CNTY CALIF 4.250% 6/01/10	371.88-		

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/04/99	SOLD 48,146.88 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/ 4/99		48,146.88	48,146.88-
08/05/99	SOLD 20.84 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/ 5/99		20.84	20.84-
08/10/99	DIVIDEND ON UNOCAL CORP $ 0.20000 /SH ON 524.00 SHARES DUE 8/10/99	104.80		
08/10/99	PURCHASED 104.8 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/10/99		104.80-	104.80
08/11/99	PURCHASED 50,000 PAR VALUE SAN FRANCISCO CALIF 5.000% 6/15/11 TRADE DATE 8/ 6/99 PURCHASED THROUGH FIDELITY CAPITAL MARKETS 50,000 PAR VALUE AT 100 %		50,000.00-	50,000.00
08/11/99	PAID ACCRUED INTEREST ON PURCHASE SAN FRANCISCO CALIF 5.000% 6/15/11	388.89-		

4005

BANK ONE.

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/11/99	SOLD 50,388.89 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/11/99		50,388.89	50,388.89-
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99	733.31-		
08/12/99	SOLD 733.31 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/12/99		733.31	733.31-
09/01/99	DIVIDEND ON LUCENT TECHNOLOGIES INC $ 0.02000 /SH ON 732.00 SHARES DUE 9/ 1/99	14.64		
09/01/99	INTEREST ON JURUPA CALIF CMNTY 4.100% 9/01/08 $ 0.02050 /PAR VALUE ON 50,000.00 PAR VALUE DUE 9/ 1/99	1,025.00		
09/01/99	INTEREST ON MOULTON-NIGUEL CALIF 5.250% 9/01/06 $ 0.02625 /PAR VALUE ON 50,000.00 PAR VALUE DUE 9/ 1/99	1,312.50		
09/01/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION MOULTON-NIGUEL CALIF 5.250% 9/01/06			63.64-

4006

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/01/99	PURCHASED 2,352.14 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/ 1/99		2,352.14-	2,352.14
09/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 8/1/99 TO 8/31/99	471.93		
09/02/99	PURCHASED 471.93 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/ 2/99		471.93-	471.93
09/07/99	DIVIDEND ON SOUTHERN CO $ 0.33500 /SH ON 400.00 SHARES DUE 9/ 4/99	134.00		
09/07/99	PURCHASED 134 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/ 7/99		134.00-	134.00
09/10/99	DIVIDEND ON ELECTRONIC DATA SYS CORP NEW $ 0.15000 /SH ON 448.00 SHARES DUE 9/10/99	67.20		
09/10/99	PURCHASED 67.2 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/10/99		67.20-	67.20

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BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99	703.95-		
09/13/99	SOLD 703.95 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/13/99		703.95	703.95-
09/14/99	CASH DISBURSEMENT PAID TO UNITED STATES TREASURY FIDUCIARY EST FED INCOME TAX FEDERAL ESTIMATED TAX		8,033.00-	
09/14/99	CASH DISBURSEMENT PAID TO WISCONSIN DEPT OF REVENUE FIDUCIARY EST STATE TAX INSTALLMENT ON WI FIDUCIARY INC TAX		2,471.00-	
09/14/99	SOLD 10,504 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/14/99		10,504.00	10,504.00-
09/24/99	DIVIDEND ON BANK AMER CORP $ 0.45000 /SH ON 800.00 SHARES DUE 9/24/99	360.00		

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/24/99	PURCHASED 360 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/24/99		360.00-	360.00
09/30/99	DIVIDEND ON JOHNSON CTLS INC $ 0.25000 /SH ON 400.00 SHARES DUE 9/30/99	100.00		
09/30/99	PURCHASED 100 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/30/99		100.00-	100.00
10/01/99	DIVIDEND ON BANK ONE CORP $ 0.42000 /SH ON 2,039.00 SHARES DUE10/ 1/99	856.38		
10/01/99	DIVIDEND ON BURLINGTON NORTHN SANTA FE CORP $ 0.12000 /SH ON 105.00 SHARES DUE10/ 1/99	12.60		
10/01/99	DIVIDEND ON UNION PAC CORP $ 0.20000 /SH ON 264.00 SHARES DUE10/ 1/99	52.80		
10/01/99	DIVIDEND ON UNION PAC RES GROUP INC $ 0.05000 /SH ON 223.00 SHARES DUE10/ 1/99	11.15		

BANK ONE.

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/01/99	INTEREST ON CALIFORNIA ST 5.000% 4/01/00 $ 0.02500 /PAR VALUE ON 50,000.00 PAR VALUE DUE10/ 1/99	1,250.00		
10/01/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION CALIFORNIA ST 5.000% 4/01/00			35.77-
10/01/99	INTEREST ON LONG BEACH CALIF BD 4.300% 10/01/04 $ 0.02150 /PAR VALUE ON 50,000.00 PAR VALUE DUE10/ 1/99	1,075.00		
10/01/99	INTEREST ON SAN DIEGO CNTY CALIF 5.250% 4/01/07 $ 0.02625 /PAR VALUE ON 50,000.00 PAR VALUE DUE10/ 1/99	1,312.50		
10/01/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION SAN DIEGO CNTY CALIF 5.250% 4/01/07			96.52-
10/01/99	PURCHASED 4,570.43 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/ 1/99		4,570.43-	4,570.43
10/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 9/1/99 TO 9/30/99	382.46		

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/04/99	DIVIDEND ON KIMBERLY CLARK CORP $ 0.26000 /SH ON 77,000.00 SHARES DUE10/ 4/99	20,020.00		
10/04/99	PURCHASED 20,402.46 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/ 4/99		20,402.46-	20,402.46
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99	624.02-		
10/12/99	SOLD 624.02 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/12/99		624.02	624.02-
10/15/99	DIVIDEND ON FIRSTAR CORP NEW WIS $ 0.10000 /SH ON 3,648.00 SHARES DUE10/15/99	364.80		
10/15/99	PURCHASED 364.8 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/15/99		364.80-	364.80
10/25/99	DIVIDEND ON BESTFOODS $ 0.26500 /SH ON 528.00 SHARES DUE10/25/99	139.92		

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F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/25/99	PURCHASED 139.92 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/25/99		139.92-	139.92
11/01/99	DIVIDEND ON CHASE MANHATTAN CORP NEW $ 0.41000 /SH ON 274.00 SHARES DUE10/31/99	112.34		
11/01/99	DIVIDEND ON AT & T CORP $ 0.22000 /SH ON 850.00 SHARES DUE11/ 1/99	187.00		
11/01/99	INTEREST ON IRVINE CALIF 4.250% 11/01/09 $ 0.01830 /PAR VALUE ON 50,000.00 PAR VALUE DUE11/ 1/99	914.93		
11/01/99	INTEREST ON ROCKLIN CALIF STANFO 4.500% 11/01/03 $ 0.02250 /PAR VALUE ON 50,000.00 PAR VALUE DUE11/ 1/99	1,125.00		
11/01/99	INTEREST ON SOUTH BAY CALIF UN 4.350% 11/01/03 $ 0.02175 /PAR VALUE ON 50,000.00 PAR VALUE DUE11/ 1/99	1,087.50		
11/01/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION SOUTH BAY CALIF UN 4.350% 11/01/03			20.69-

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/01/99	PURCHASED 3,426.77 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/ 1/99		3,426.77-	3,426.77
11/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 10/1/99 TO 10/31/99	486.61		
11/02/99	PURCHASED 486.61 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/ 2/99		486.61-	486.61
11/10/99	DIVIDEND ON UNOCAL CORP $ 0.20000 /SH ON 524.00 SHARES DUE11/10/99	104.80		
11/10/99	PURCHASED 104.8 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/10/99		104.80-	104.80
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99	694.11-		
11/12/99	SOLD 694.11 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/12/99		694.11	694.11-

BANK ONE.

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/15/99	CASH DISBURSEMENT PAID TO FOLEY & LARDNER LEGAL FEE STMT DTD 10/27/99 #018423-0101 N/O SENSENBRENNER	445.10-		
11/15/99	SOLD 445.1 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/15/99		445.10	445.10-
12/01/99	SOLD 25,000 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 1/99		25,000.00	25,000.00-
12/01/99	CASH DISBURSEMENT PAID TO BANK ONE WISCONSIN PAYMENT FOR BENEFICIARY DEPOSIT TO C/A#550462366 ANNUAL TRUSTEE FEE FOR F JAMES SENSENBRENNER JR		12,500.00-	
12/01/99	CASH DISBURSEMENT PAID TO BANK ONE WISCONSIN PAYMENT FOR BENEFICIARY DEPOSIT TO C/A#550462366 ANNUAL TRUSTEE FEE FOR F JAMES SENSENBRENNER JR	12,500.00-		
12/01/99	DIVIDEND ON LUCENT TECHNOLOGIES INC $ 0.02000 /SH ON 732.00 SHARES DUE12/ 1/99	14.64		

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/01/99	INTEREST ON ARCATA CALIF JT PWRS 4.850% 12/01/05 $ 0.02425 /PAR VALUE ON 50,000.00 PAR VALUE DUE12/ 1/99	1,212.50		
12/01/99	INTEREST ON SAN MATEO CNTY CALIF 4.250% 6/01/10 $ 0.02125 /PAR VALUE ON 50,000.00 PAR VALUE DUE12/ 1/99	1,062.50		
12/01/99	INTEREST ON SANTA CLARA VY CALIF 5.1% 6/01/01 $ 0.02550 /PAR VALUE ON 50,000.00 PAR VALUE DUE12/ 1/99	1,275.00		
12/01/99	PURCHASED 3,564.64 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 1/99		3,564.64-	3,564.64
12/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 11/1/99 TO 11/30/99	510.63		
12/02/99	PURCHASED 510.63 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 2/99		510.63-	510.63
12/06/99	DIVIDEND ON SOUTHERN CO $ 0.33500 /SH ON 400.00 SHARES DUE12/ 6/99	134.00		

BANK ONE

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/06/99	PURCHASED 134 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 6/99		134.00-	134.00
12/10/99	DIVIDEND ON ELECTRONIC DATA SYS CORP NEW $ 0.15000 /SH ON 448.00 SHARES DUE12/10/99	67.20		
12/10/99	PURCHASED 67.2 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/10/99		67.20-	67.20
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99	699.54-		
12/13/99	SOLD 699.54 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/13/99		699.54	699.54-
12/15/99	INTEREST ON SAN FRANCISCO CALIF 5.000% 6/15/11 $ 0.02500 /PAR VALUE ON 50,000.00 PAR VALUE DUE12/15/99	1,250.00		
12/15/99	PURCHASED 1,250 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/15/99		1,250.00-	1,250.00

F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL C/ H	INVESTMENTS AT TAX COST
12/23/99	DIVIDEND ON BANK AMER CORP $ 0.50000 /SH ON 800.00 SHARES DUE12/23/99	400.00		
12/23/99	PURCHASED 400 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/23/99		400.00-	400.00
12/30/99	CASH DISBURSEMENT PAID TO UNITED STATES TREASURY FIDUCIARY EST FED INCOME TAX FEDERAL ESTIMATED TAX		8,033.00-	
12/30/99	SOLD 8,033 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/30/99		8,033.00	8,033.00-
12/31/99	CASH DISBURSEMENT PAID TO ACCOUNT # 9572070510 PAYMENT TO BENEFICIARY	45,298.04-		
12/31/99	SOLD 45,298.04 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/31/99		45,298.04	45,298.04-
12/31/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION CALIFORNIA ST 5.000% 4/01/00			25.60-

BANK ONE.

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F JAMES SENSENBRENNER JR-TTEE 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572007410

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/31/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION LOS ANGELES CALIF MU 4.700% 2/01/04			14.40-
12/31/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION MOULTON-NIGUEL CALIF 5.250% 9/01/06			46.77-
12/31/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION RANCHO MIRAGE CALIF 5.250% 7/01/10			51.41-
12/31/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION SAN DIEGO CNTY CALIF 5.250% 4/01/07			52.98-
12/31/99	DECREASE COST BASIS BY CURRENT YEAR AMORTIZATION SOUTH BAY CALIF UN 4.350% 11/01/03			9.53-
12/31/99	ENDING BALANCES	0.00	0.00	2,094,726.36

INCOME CASH	+	PRINCIPAL CASH	=	NET CASH
0.00		0.00		0.00

INVESTMENT REVIEW

F JAMES SENSENBRENNER JR-TTEE

SUMMARY OF ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572007410

DESCRIPTION	TAX COST	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	YIELD AT MARKET
CASH EQUIVALENTS	43,913.07	43,913.07	0.69	2,400.52	5.47
MUNICIPAL OBLIGATIONS	900,123.88	880,211.50	13.78	41,975.00	4.77
COMMON STOCK	1,150,689.41	5,464,927.26	85.54	91,270.52	1.67
TOTAL ACCOUNT	2,094,726.36	6,389,051.83	100.00	135,646.04	2.12

BANK ONE.

F JAMES SENSENBRENNER JR-TTEE DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572007410

SHARES PAR VALUE OR UNITS	DESCRIPTION			TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
CASH									
0.00	INCOME CASH			0.00		0.00	0.00		
0.00	PRINCIPAL CASH			0.00		0.00	0.00		
0.00	NET CASH			0.00		0.00	0.00		
CASH EQUIVALENTS									
43,913.07	ONE GROUP PRIME MONEY MARKET FUND			43,913.07	1.00	43,913.07	0.69	2,400.52	5.47
MUNICIPAL OBLIGATIONS									
50,000	CALIFORNIA ST	5.000%	4/01/00	50,011.09	100.25	50,127.50	0.78	2,500.00	4.99 4.99
50,000	SANTA CLARA VY CALIF	5.1%	6/01/01	49,711.00	101.14	50,571.50	0.79	2,550.00	5.04 4.26

F JAMES SENSENBRENNER JR-TTEE DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572007410

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
50,000	COTATI-ROHNERT PK CA 4.400% 8/01/02	49,907.50	99.81	49,906.50	0.78	2,200.00	4.41 4.48
50,000	ROCKLIN CALIF STANFO 4.500% 11/01/03	49,875.00	99.79	49,893.00	0.78	2,250.00	4.51 4.56
50,000	SOUTH BAY CALIF UN 4.350% 11/01/03	50,172.62	99.54	49,770.50	0.78	2,175.00	4.37 4.48
50,000	LOS ANGELES CALIF MU 4.700% 2/01/04	50,136.59	100.15	50,077.00	0.78	2,350.00	4.69 4.66
50,000	LONG BEACH CALIF BD 4.300% 10/01/04	49,859.50	98.16	49,079.00	0.77	2,150.00	4.38 4.74
50,000	ARCATA CALIF JT PWRS 4.850% 12/01/05	50,000.00	100.10	50,049.00	0.78	2,425.00	4.85 4.83
50,000	MOULTON-NIGUEL CALIF 5.250% 9/01/06	50,854.03	102.00	51,002.00	0.80	2,625.00	5.15 4.89

F JAMES SENSENBRENNER JR-TTEE DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572007410

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
50,000	SAN DIEGO CNTY CALIF 5.250% 4/01/07	50,925.96	102.17	51,083.50	0.80	2,625.00	5.14 4.89
50,000	HEMET CALIF WTR REV 5.000% 8/01/07	50,000.00	100.69	50,343.00	0.79	2,500.00	4.97 4.89
50,000	CABRILLO CALIF CMNTY 4.100% 8/01/08	49,797.50	91.90	45,948.50	0.72	2,050.00	4.46 5.29
50,000	JURUPA CALIF CMNTY 4.100% 9/01/08	49,800.00	91.83	45,916.50	0.72	2,050.00	4.46 5.29
50,000	JEFFERSON CALIF 4.300% 8/01/09	50,000.00	92.44	46,222.00	0.72	2,150.00	4.65 5.32
50,000	IRVINE CALIF 4.250% 11/01/09	49,790.00	91.74	45,869.50	0.72	2,125.00	4.63 5.34
50,000	SAN MATEO CNTY CALIF 4.250% 6/01/10	47,775.00	90.78	45,388.00	0.71	2,125.00	4.68 5.42

F JAMES SENSENBRENNER JR-TTEE DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572007410

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
50,000	RANCHO MIRAGE CALIF 5.250% 7/01/10	51,508.09	100.15	50,074.00	0.78	2,625.00	5.24 5.23
50,000	SAN FRANCISCO CALIF 5.000% 6/15/11	50,000.00	97.78	48,890.50	0.77	2,500.00	5.11 5.26
	TOTAL MUNICIPAL OBLIGATIONS	900,123.88		880,211.50	13.78	41,975.00	4.77
	COMMON STOCK						
850	AT & T CORP	8,631.78	50.81	43,190.63	0.68	748.00	1.73
800	BANK AMER CORP	8,767.00	50.19	40,150.00	0.63	1,600.00	3.99
2,039	BANK ONE CORP	16,819.56	32.00	65,248.00	1.02	3,425.52	5.25
528	BESTFOODS	5,738.57	52.56	27,753.00	0.43	559.68	2.02
105	BURLINGTON NORTHN SANTA FE CORP	506.62	24.25	2,546.25	0.04	50.40	1.98

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INVESTMENT REVIEW

F JAMES SENSENBRENNER JR-TTEE DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572007410

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
274	CHASE MANHATTAN CORP NEW	3,235.64	77.69	21,286.38	0.33	449.36	2.11
448	ELECTRONIC DATA SYS CORP NEW	4,480.00	66.94	29,988.00	0.47	268.80	0.90
3,648	FIRSTAR CORP NEW WIS	9,450.00	21.12	77,064.00	1.21	2,371.20	3.08
400	JOHNSON CTLS INC	5,700.00	56.88	22,750.00	0.36	448.00	1.97
77,000	KIMBERLY CLARK CORP	1,062,917.51	65.44	5,038,687.50	78.86	80,080.00	1.59
732	LUCENT TECHNOLOGIES INC	3,510.76	75.00	54,900.00	0.86	58.56	0.11
400	SOUTHERN CO	4,587.50	23.50	9,400.00	0.15	536.00	5.70
264	UNION PAC CORP	5,147.89	43.69	11,533.50	0.18	211.20	1.83
223	UNION PAC RES GROUP INC	2,501.45	12.75	2,843.25	0.04	44.60	1.57
524	UNOCAL CORP	8,695.13	33.56	17,586.75	0.28	419.20	2.38
TOTAL COMMON STOCK		1,150,689.41		5,464,927.26	85.54	91,270.52	1.67
TOTAL ACCOUNT		2,094,726.36		6,389,051.83	100.00	135,646.04	2.12

F JAMES SENSENBRENNER JR-TTEE DETAIL OF PENDING ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572007410

PENDING TRADES: NONE

BANK ONE.

BANK ONE TRUST COMPANY, NA
111 E WISCONSIN AVE
MILWAUKEE, WI 53202

STATEMENT OF ACCOUNT
FOR PERIOD 01/01/99 THROUGH 12/31/99

Filer is home.

F JAMES SENSENBRENNER JR TRUST

ACCOUNT NUMBER 9572125310

FOR ASSISTANCE, PLEASE CONTACT
LYNN E PAULL
(414) 765-2751

F JAMES SENSENBRENNER JR
609 FORT WILLIAMS PKWY
ALEXANDRIA VA 22304-1813

BANK ONE

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STATEMENT MESSAGES

ACCOUNT NO. 9572125310 F JAMES SENSENBRENNER JR TRUST

MUTUAL FUNDS, INCLUDING PROPRIETARY MUTUAL FUNDS, AND VARIOUS OTHER MARKETABLE SECURITIES ARE NOT INSURED OR GUARANTEED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER GOVERNMENT SPONSORED AGENCY OF THE FEDERAL GOVERNMENT OR ANY STATE. ALL INVOLVE INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED. "THE ONE GROUP" FUNDS ARE NOT DEPOSITS OR OBLIGATIONS OF, AND ARE NOT GUARANTEED BY, BANK ONE CORPORATION OR ITS BANK OR NON-BANK AFFILIATES.

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ALTHOUGH MARKET VALUES AND PRICES HAVE BEEN OBTAINED FROM SOURCES WE BELIEVE TO BE RELIABLE, WE DO NOT GUARANTEE THEIR ACCURACY. CERTAIN FIXED INCOME SECURITIES AND ASSETS THAT ARE NOT PUBLICLY OR FREQUENTLY TRADED CANNOT BE READILY PRICED.

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THIS STATEMENT IS NOT AN OFFICIAL DOCUMENT FOR INCOME TAX REPORTING PURPOSES.

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TRANSACTION SUMMARY

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
BEGINNING BALANCES 12/31/98	0.00	0.00	624,001.21
CASH RECEIPTS			
NET INTEREST	515.26		
NET DIVIDENDS	13,553.67	54,833.40	
TOTAL CASH RECEIPTS	14,068.93	54,833.40	0.00
CASH DISBURSEMENTS			
DISTRIBUTIONS TO BENEFICIARIES	11,389.54-		
FIDUCIARY INCOME TAXES		2,012.00-	
ADMINISTRATIVE EXPENSES	2,679.39-	2,604.43-	
TOTAL CASH DISBURSEMENTS	14,068.93-	4,616.43-	0.00
INVESTMENT TRANSACTIONS			
PURCHASES		29,250.00-	29,250.00
NET PURCHASES/SALES CASH MANAGEMENT VEHICLE		20,966.97-	20,966.97
TOTAL INVESTMENT TRANSACTIONS		50,216.97-	50,216.97
ENDING BALANCES 12/31/99	0.00	0.00	674,218.18

BANK ONE

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TRANSACTION DETAIL

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/31/98	BEGINNING BALANCES	0.00	0.00	624,001.21
01/04/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.01111/SH ON 7,685.60 SHARES DUE 1/ 4/99	85.42		
01/04/99	INCOME ON THE ONE GROUP INCOME EQUITY FD $ 0.02949/SH ON 4,257.25 SHARES DUE 1/ 4/99	125.55		
01/04/99	DIVIDEND ON THE ONE GROUP INTERMED TAX FREE FD DIVIDEND FROM 12/1/98 TO 12/31/98	450.76		
01/04/99	INCOME ON THE ONE GROUP INTL EQUITY INDEX FD $ 0.38744/SH ON 496.53 SHARES DUE 1/ 4/99	192.38		
01/04/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.01442/SH ON 1,003.27 SHARES DUE 1/ 4/99	14.47		
01/04/99	DIVIDEND ON THE ONE GROUP MUNICIPAL INCOME FD DIVIDEND FROM 12/1/98 TO 12/31/98	392.15		
01/04/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00299/SH ON 6,954.23 SHARES DUE 1/ 4/99	20.81		

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/04/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 12/1/98 TO 12/31/98	166.61		
01/05/99	PURCHASED 1,448.15 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/ 5/99		1,448.15-	1,448.15
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98		192.32-	
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98	192.31-		
01/11/99	SOLD 384.63 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/11/99		384.63	384.63-
02/01/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.00742/SH ON 7,685.60 SHARES DUE 2/ 1/99	57.01		
02/01/99	INCOME ON THE ONE GROUP INCOME EQUITY FD $ 0.01320/SH ON 4,257.25 SHARES DUE 2/ 1/99	56.20		
02/01/99	DIVIDEND ON THE ONE GROUP INTERMED TAX FREE FD DIVIDEND FROM 1/1/99 TO 1/31/99	445.68		

BANK ONE

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TRANSACTION DETAIL

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/01/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.00571/SH ON 1,003.27 SHARES DUE 2/ 1/99	5.73		
02/01/99	DIVIDEND ON THE ONE GROUP MUNICIPAL INCOME FD DIVIDEND FROM 1/1/99 TO 1/31/99	389.96		
02/01/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00326/SH ON 6,954.23 SHARES DUE 2/ 1/99	22.66		
02/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 1/1/99 TO 1/31/99	43.67		
02/02/99	PURCHASED 1,020.91 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/ 2/99		1,020.91-	1,020.91
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99		218.18-	
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99	218.17-		

JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/10/99	SOLD 436.35 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/10/99		436.35	436.35-
03/01/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.01331/SH ON 7,685.60 SHARES DUE 3/ 1/99	102.33		
03/01/99	INCOME ON THE ONE GROUP INCOME EQUITY FD $ 0.03007/SH ON 4,257.25 SHARES DUE 3/ 1/99	128.01		
03/01/99	DIVIDEND ON THE ONE GROUP INTERMED TAX FREE FD DIVIDEND FROM 2/1/99 TO 2/28/99	404.12		
03/01/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.02196/SH ON 1,003.27 SHARES DUE 3/ 1/99	22.03		
03/01/99	DIVIDEND ON THE ONE GROUP MUNICIPAL INCOME FD DIVIDEND FROM 2/1/99 TO 2/28/99	349.65		
03/01/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00693/SH ON 6,954.23 SHARES DUE 3/ 1/99	48.20		

BANK ONE

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TRANSACTION DETAIL

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 2/1/99 TO 2/28/99	40.70		
03/02/99	PURCHASED 1,095.04 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/ 2/99		1,095.04-	1,095.04
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99		213.66-	
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99	213.66-		
03/10/99	CASH DISBURSEMENT PAID TO BANK ONE MILWAUKEE DDA#550462366 ACH TRANSFER TO CHECKING ACCT 075000019-550462366	2,939.96-		
03/10/99	SOLD 3,367.28 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/10/99		3,367.28	3,367.28-
04/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00313/SH ON 6,954.23 SHARES DUE 4/ 1/99	21.76		

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/01/99	INCOME ON ONE GROUP EQUITY INCOME FUND $ 0.02493/SH ON 4,257.25 SHARES DUE 4/ 1/99	106.12		
04/01/99	DIVIDEND ON ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 3/1/99 TO 3/31/99	435.63		
04/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.01422/SH ON 1,003.27 SHARES DUE 4/ 1/99	14.27		
04/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00600/SH ON 7,685.60 SHARES DUE 4/ 1/99	46.11		
04/01/99	DIVIDEND ON ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 3/1/99 TO 3/31/99	381.92		
04/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 3/1/99 TO 3/31/99	38.78		
04/05/99	PURCHASED 1,044.59 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/ 5/99		1,044.59-	1,044.59

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/07/99	CASH DISBURSEMENT PAID TO U S TREASURY DEPARTMENT FIDUCIARY FEDERAL INCOME TAX TAX DUE ON FORM 1041 FOR CALENDAR YEAR RETURN		985.00-	
04/07/99	CASH DISBURSEMENT PAID TO WISCONSIN DEPT OF REVENUE FIDUCIARY STATE INCOME TAX TAX DUE ON FORM 2 FOR CALENDAR YEAR		1,014.00-	
04/07/99	SOLD 1,999 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/ 7/99		1,999.00	1,999.00-
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99		216.51-	
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99	216.51-		
04/12/99	CASH DISBURSEMENT PAID TO WISCONSIN DEPT OF REVENUE FIDUCIARY EST STATE TAX INSTALLMENT ON WI FIDUCIARY INC TAX		13.00-	

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/12/99	SOLD 446.02 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/12/99		446.02	446.02-
05/03/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00201/SH ON 6,954.23 SHARES DUE 5/ 3/99	14.01		
05/03/99	INCOME ON ONE GROUP EQUITY INCOME FUND $ 0.01836/SH ON 4,257.25 SHARES DUE 5/ 3/99	78.15		
05/03/99	DIVIDEND ON ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 4/1/99 TO 4/30/99	421.75		
05/03/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00682/SH ON 1,003.27 SHARES DUE 5/ 3/99	6.84		
05/03/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00852/SH ON 7,685.60 SHARES DUE 5/ 3/99	65.50		
05/03/99	DIVIDEND ON ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 4/1/99 TO 4/30/99	366.63		

BANK ONE

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/03/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 4/1/99 TO 4/30/99	30.02		
05/04/99	PURCHASED 982.9 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/ 4/99		982.90-	982.90
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99		221.91-	
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99	221.90-		
05/12/99	SOLD 443.81 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/12/99		443.81	443.81-
06/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00904/SH ON 6,954.23 SHARES DUE 6/ 1/99	62.89		
06/01/99	INCOME ON ONE GROUP EQUITY INCOME FUND $ 0.04270/SH ON 4,257.25 SHARES DUE 6/ 1/99	181.78		
06/01/99	DIVIDEND ON ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 5/1/99 TO 5/31/99	429.52		

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.03340/SH ON 1,003.27 SHARES DUE 6/ 1/99	33.51		
06/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01005/SH ON 7,685.60 SHARES DUE 6/ 1/99	77.24		
06/01/99	DIVIDEND ON ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 5/1/99 TO 5/31/99	378.55		
06/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 5/1/99 TO 5/31/99	31.65		
06/02/99	PURCHASED 1,195.14 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/ 2/99		1,195.14-	1,195.14
06/10/99	CASH DISBURSEMENT PAID TO BANK ONE MILWAUKEE DDA#550462366 ACH TRANSFER TO CHECKING ACCT 075000019-550462366	2,784.22-		

BANK ONE

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TRANSACTION DETAIL

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/10/99	SOLD 2,784.22 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/10/99		2,784.22	2,784.22-
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99		220.07-	
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99	220.07-		
06/14/99	SOLD 440.14 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/14/99		440.14	440.14-
07/01/99	INCOME ON ONE GROUP EQUITY INCOME FUND $ 0.02179/SH ON 4,257.25 SHARES DUE 7/ 1/99	92.77		
07/01/99	DIVIDEND ON ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 6/1/99 TO 6/30/99	417.09		
07/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00849/SH ON 1,003.27 SHARES DUE 7/ 1/99	8.52		
07/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00714/SH ON 7,685.60 SHARES DUE 7/ 1/99	54.85		

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/01/99	DIVIDEND ON ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 6/1/99 TO 6/30/99	362.48		
07/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 6/1/99 TO 6/30/99	26.59		
07/02/99	PURCHASED 962.3 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/ 2/99		962.30-	962.30
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99		224.38-	
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99	224.37-		
07/12/99	SOLD 448.75 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/12/99		448.75	448.75-
07/16/99	MISCELLANEOUS TAX SERVICE FEES	75.00-		
07/19/99	SOLD 75 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/19/99		75.00	75.00-

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/02/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00239/SH ON 6,954.23 SHARES DUE 8/ 2/99	16.63		
08/02/99	INCOME ON ONE GROUP EQUITY INCOME FUND $ 0.02257/SH ON 4,257.25 SHARES DUE 8/ 2/99	96.09		
08/02/99	DIVIDEND ON ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 7/1/99 TO 7/31/99	432.04		
08/02/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00484/SH ON 1,003.27 SHARES DUE 8/ 2/99	4.85		
08/02/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00635/SH ON 7,685.60 SHARES DUE 8/ 2/99	48.79		
08/02/99	DIVIDEND ON ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 7/1/99 TO 7/31/99	368.74		
08/02/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 7/1/99 TO 7/31/99	26.72		

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/03/99	PURCHASED 993.86 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/ 3/99		993.86-	993.86
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99		221.22-	
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99	221.22-		
08/12/99	SOLD 442.44 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/12/99		442.44	442.44-
09/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00493/SH ON 6,954.23 SHARES DUE 9/ 1/99	34.29		
09/01/99	INCOME ON ONE GROUP EQUITY INCOME FUND $ 0.04640/SH ON 4,257.25 SHARES DUE 9/ 1/99	197.54		
09/01/99	DIVIDEND ON ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 8/1/99 TO 8/31/99	430.40		
09/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.02101/SH ON 1,003.27 SHARES DUE 9/ 1/99	21.08		

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01009/SH ON 7,685.60 SHARES DUE 9/ 1/99	77.57		
09/01/99	DIVIDEND ON ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 8/1/99 TO 8/31/99	362.05		
09/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 8/1/99 TO 8/31/99	29.20		
09/02/99	PURCHASED 1,152.13 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/ 2/99		1,152.13-	1,152.13
09/10/99	CASH DISBURSEMENT PAID TO BANK ONE MILWAUKEE DDA#550462366 ACH TRANSFER TO CHECKING ACCT 075000019-550462366	2,367.63-		
09/10/99	SOLD 2,367.63 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/10/99		2,367.63	2,367.63-
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99		218.01-	

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99	218.01-		
09/13/99	SOLD 436.02 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/13/99		436.02	436.02-
10/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00470/SH ON 6,954.23 SHARES DUE 10/ 1/99	32.68		
10/01/99	INCOME ON ONE GROUP EQUITY INCOME FUND $ 0.03314/SH ON 4,257.25 SHARES DUE 10/ 1/99	141.07		
10/01/99	DIVIDEND ON ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 9/1/99 TO 9/30/99	411.09		
10/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.01230/SH ON 1,003.27 SHARES DUE 10/ 1/99	12.34		
10/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01134/SH ON 7,685.60 SHARES DUE 10/ 1/99	87.15		

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/01/99	DIVIDEND ON ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 9/1/99 TO 9/30/99	354.32		
10/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 9/1/99 TO 9/30/99	25.65		
10/04/99	PURCHASED 1,064.3 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/ 4/99		1,064.30-	1,064.30
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99		213.92-	
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99	213.92-		
10/12/99	SOLD 427.84 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/12/99		427.84	427.84-
11/01/99	INCOME ON ONE GROUP EQUITY INCOME FUND $ 0.01660/SH ON 4,257.25 SHARES DUE 11/ 1/99	70.66		
11/01/99	DIVIDEND ON ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 10/1/99 TO 10/31/99	426.58		

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00339/SH ON 1,003.27 SHARES DUE 11/ 1/99	3.40		
11/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00363/SH ON 7,685.60 SHARES DUE 11/ 1/99	27.91		
11/01/99	DIVIDEND ON ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 10/1/99 TO 10/31/99	362.21		
11/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 10/1/99 TO 10/31/99	26.59		
11/02/99	PURCHASED 917.35 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/ 2/99		917.35-	917.35
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99		220.16-	
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99	220.16-		

BANK ONE

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/12/99	SOLD 440.32 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/12/99		440.32	440.32-
12/01/99	INCOME ON ONE GROUP EQUITY INCOME FUND $ 0.03805/SH ON 4,257.25 SHARES DUE 12/ 1/99	162.01		
12/01/99	DIVIDEND ON ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 11/1/99 TO 11/30/99	416.79		
12/01/99	DIVIDEND ON ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 11/1/99 TO 11/30/99	355.83		
12/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 11/1/99 TO 11/30/99	29.08		
12/02/99	PURCHASED 963.71 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 2/99		963.71-	963.71
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		5,568.74	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		499.10	

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP EQUITY INCOME FUND		4,013.35	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP INTERNATIONAL EQTY INDX FD		109.52	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP INTERNATIONAL EQTY INDX FD		33.98	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP GROWTH FUND		6,207.46	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP GROWTH FUND		301.32	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP VALUE FUND		1,268.19	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP VALUE FUND		224.09	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		12,422.43	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		13,972.66	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP VALUE FUND		8,337.57	

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572128310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP VALUE FUND		1,641.49	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP SMALL CAP GROWTH FUND		141.76	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP SMALL CAP GROWTH FUND		91.74	
12/08/99	PURCHASED 54,833.4 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 8/99		54,833.40-	54,833.40
12/10/99	CASH DISBURSEMENT PAID TO BANK ONE MILWAUKEE DDA#550462366 ACH TRANSFER TO CHECKING ACCT 075000019-550462366	2,293.27-		
12/10/99	SOLD 2,293.27 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/10/99		2,293.27	2,293.27-
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99		224.09-	
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99	224.09-		

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/13/99	SOLD 448.18 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/13/99		448.18	448.18-
12/23/99	PURCHASED 2,710.843 SH ONE GROUP SMALL CAP GROWTH FUND TRADE DATE 12/22/99 2,710.843 SHARES AT $10.79		29,250.00-	29,250.00
12/23/99	SOLD 29,250 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/23/99		29,250.00	29,250.00-
12/29/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00844/SH ON 6,954.23 SHARES DUE 12/29/99	58.71		
12/29/99	INCOME ON ONE GROUP EQUITY INCOME FUND $ 0.02959/SH ON 4,257.25 SHARES DUE 12/29/99	125.95		
12/29/99	DIVIDEND ON ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 12/1/99 TO 12/31/99	442.10		
12/29/99	INCOME ON ONE GROUP INTERNATIONAL EQTY INDX FD $ 0.04983/SH ON 496.53 SHARES DUE 12/29/99	24.74		

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TRANSACTION DETAIL

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/29/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.02491/SH ON 1,003.27 SHARES DUE 12/29/99	24.99		
12/29/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.02279/SH ON 7,685.60 SHARES DUE 12/29/99	175.15		
12/29/99	DIVIDEND ON ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 12/1/99 TO 12/31/99	376.91		
12/30/99	PURCHASED 1,228.55 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/30/99		1,228.55-	1,228.55
12/31/99	CASH DISBURSEMENT PAID TO BANK ONE MILWAUKEE DDA#550462366 ACH TRANSFER TO CHECKING ACCT 075000019-550462366	1,004.46-		
12/31/99	SOLD 1,004.46 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/31/99		1,004.46	1,004.46-
12/31/99	ENDING BALANCES	0.00	0.00	674,218.18

TRANSACTION DETAIL

F JAMES SENSENBRENNER JR TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572125310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
		INCOME CASH +	PRINCIPAL CASH =	NET CASH
		0.00	0.00	0.00

BANK ONE

INVESTMENT REVIEW

F JAMES SENSENBRENNER JR TRUST

SUMMARY OF ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572125310

DESCRIPTION	TAX COST	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	YIELD AT MARKET
CASH EQUIVALENTS	30,586.79	30,586.79	3.82	1,672.03	5.47
MUNICIPAL OBLIGATIONS	195,600.00	194,270.64	24.25	9,643.19	4.96
COMMON & MUTUAL FUNDS - EQUITIES	448,031.39	576,132.83	71.93	2,750.11	0.48
TOTAL ACCOUNT	674,218.18	800,990.26	100.00	14,065.33	1.76

F JAMES SENSENBRENNER JR TRUST DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572125310

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
CASH							
0.00	INCOME CASH	0.00		0.00	0.00		
0.00	PRINCIPAL CASH	0.00		0.00	0.00		
0.00	NET CASH	0.00		0.00	0.00		
CASH EQUIVALENTS							
30,586.79	ONE GROUP PRIME MONEY MARKET FUND	30,586.79	1.00	30,586.79	3.82	1,672.03	5.47
MUNICIPAL OBLIGATIONS							
10,463.33	ONE GROUP INTERMED TAX-FREE BOND FD	109,800.00	10.37	108,504.76	13.55	5,205.33	4.80 0.00
9,075.75	ONE GROUP MUNICIPAL INCOME FUND	85,800.00	9.45	85,765.88	10.71	4,437.86	5.17 0.00
TOTAL MUNICIPAL OBLIGATIONS		195,600.00		194,270.64	24.25	9,643.19	4.96

BANK ONE.

INVESTMENT REVIEW

F JAMES SENSENBRENNER JR TRUST

DETAIL OF ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572125310

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
	COMMON & MUTUAL FUNDS - EQUITIES						
6,954.23	ONE GROUP DIVERSIFIED EQUITY FUND	77,998.91	14.75	102,574.83	12.81	311.85	0.30
4,257.25	ONE GROUP EQUITY INCOME FUND	58,594.87	21.86	93,063.44	11.62	1,436.34	1.54
496.53	ONE GROUP INTERNATIONAL EQTY INDX FD	8,595.00	22.65	11,246.50	1.40	24.74	0.22
1,948.05	ONE GROUP LARGE CAP GROWTH FUND	34,926.00	26.69	51,993.37	6.49	0.00	0.00
1,003.27	ONE GROUP LARGE CAP VALUE FUND	15,962.00	16.20	16,252.94	2.03	157.56	0.97
6,462.81	ONE GROUP MID CAP GROWTH FUND	116,762.40	25.95	167,709.95	20.94	0.00	0.00
7,685.6	ONE GROUP MID CAP VALUE FUND	103,486.21	12.97	99,682.24	12.44	819.62	0.82
2,976.93	ONE GROUP SMALL CAP GROWTH FUND	31,706.00	11.29	33,609.56	4.20	0.00	0.00
	TOTAL COMMON & MUTUAL FUNDS - EQUITIES	448,031.39		576,132.83	71.93	2,750.11	0.48
	TOTAL ACCOUNT	674,218.18		800,990.26	100.00	14,065.33	1.76

F JAMES SENSENBRENNER JR TRUST DETAIL OF PENDING ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572125310

PENDING TRADES: NONE

BANK ONE TRUST COMPANY, NA
111 E WISCONSIN AVE
MILWAUKEE, WI 53202

STATEMENT OF ACCOUNT
FOR PERIOD 01/01/99 THROUGH 12/31/99

Father is trustee.
Son is bene.

ROBERT ALAN SENSENBRENNER 1993 TRUST

ACCOUNT NUMBER 9572131310

FOR ASSISTANCE, PLEASE CONTACT
LYNN E PAULL
(414) 765-2751

F JAMES SENSENBRENNER JR
609 FORT WILLIAMS PKWY
ALEXANDRIA VA 22304-1813

BANK ONE

STATEMENT MESSAGES

ACCOUNT NO. 9572131310 ROBERT ALAN SENSENBRENNER 1993 TRUST

MUTUAL FUNDS, INCLUDING PROPRIETARY MUTUAL FUNDS, AND VARIOUS OTHER MARKETABLE SECURITIES ARE NOT INSURED OR GUARANTEED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER GOVERNMENT SPONSORED AGENCY OF THE FEDERAL GOVERNMENT OR ANY STATE. ALL INVOLVE INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED. "THE ONE GROUP" FUNDS ARE NOT DEPOSITS OR OBLIGATIONS OF, AND ARE NOT GUARANTEED BY, BANK ONE CORPORATION OR ITS BANK OR NON-BANK AFFILIATES.

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ALTHOUGH MARKET VALUES AND PRICES HAVE BEEN OBTAINED FROM SOURCES WE BELIEVE TO BE RELIABLE, WE DO NOT GUARANTEE THEIR ACCURACY. CERTAIN FIXED INCOME SECURITIES AND ASSETS THAT ARE NOT PUBLICLY OR FREQUENTLY TRADED CANNOT BE READILY PRICED.

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THIS STATEMENT IS NOT AN OFFICIAL DOCUMENT FOR INCOME TAX REPORTING PURPOSES.

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TRANSACTION SUMMARY

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
BEGINNING BALANCES 12/31/98	0.00	0.00	188,532.99
CASH RECEIPTS			
NET INTEREST	210.84		
NET DIVIDENDS	2,948.56	22,541.71	
OTHER CASH RECEIPTS		33,813.83	
TOTAL CASH RECEIPTS	3,159.40	56,355.54	0.00
CASH DISBURSEMENTS			
DISTRIBUTIONS TO BENEFICIARIES		4,300.00-	
FIDUCIARY INCOME TAXES		88.00-	
ADMINISTRATIVE EXPENSES	609.07-	609.10-	
OTHER DISBURSEMENTS	2,550.33-		
TOTAL CASH DISBURSEMENTS	3,159.40-	4,997.10-	0.00
INVESTMENT TRANSACTIONS			
PURCHASES		62,783.11-	62,783.11
SALES/MATURITIES		17,332.47	18,035.64-
DISTRIBUTIONS IN KIND			3,343.41-

BANK ONE.

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TRANSACTION SUMMARY

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
ASSETS RECEIVED IN KIND			3,343.41
NET PURCHASES/SALES			
CASH MANAGEMENT VEHICLE		5,907.80-	5,907.80
TOTAL INVESTMENT TRANSACTIONS		51,358.44-	50,655.27
ENDING BALANCES 12/31/99	0.00	0.00	239,188.26

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/31/98	BEGINNING BALANCES	0.00	0.00	188,532.99
01/04/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.01111/SH ON 2,444.20 SHARES DUE 1/ 4/99	27.16		
01/04/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	40.17		
01/04/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	41.71		
01/04/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	17.84		
01/04/99	INCOME ON THE ONE GROUP INTL EQUITY INDEX FD $ 0.38744/SH ON 1,222.50 SHARES DUE 1/ 4/99	473.65		
01/04/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.01442/SH ON 2,017.01 SHARES DUE 1/ 4/99	29.08		
01/04/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 12/1/98 TO 12/31/98	19.57		

BANK ONE

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/04/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00299/SH ON 2,466.85 SHARES DUE 1/ 4/99	7.38		
01/04/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 12/1/98 TO 12/31/98	17.71		
01/05/99	PURCHASED 674.27 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/ 5/99		674.27-	674.27
01/06/99	PURCHASED 10,000 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/ 6/99		10,000.00-	10,000.00
01/06/99	CASH RECEIPT PAID FROM ACCOUNT# 9572069210 DEPOSIT TO ACCOUNT 1999 ANNUAL EXCLUSION GIFT		10,000.00	
01/08/99	PURCHASED 213.891 SH THE ONE GROUP LARGE COMPANY VALUE FD TRADE DATE 1/ 7/99 213.891 SHARES AT $16.50		3,529.20-	3,529.20

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TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/08/99	PURCHASED 241.076 SH THE ONE GROUP DISCIPLINED VALUE FD TRADE DATE 1/ 7/99 241.076 SHARES AT $14.45		3,483.55-	3,483.55
01/08/99	PURCHASED 111.532 SH THE ONE GROUP LARGE COMPANY GRWTH FD TRADE DATE 1/ 7/99 111.532 SHARES AT $24.29		2,709.12-	2,709.12
01/08/99	PURCHASED 29.494 SH THE ONE GROUP INCOME BOND FD TRADE DATE 1/ 7/99 29.494 SHARES AT $9.43		278.13-	278.13
01/08/99	SOLD 10,000 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/ 8/99		10,000.00	10,000.00-
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98		37.50-	
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98	37.50-		

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BANK ONE.

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/11/99	SOLD 75 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/11/99		75.00	75.00-
02/01/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.00742/SH ON 2,685.27 SHARES DUE 2/ 1/99	19.92		
02/01/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	39.18		
02/01/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	42.40		
02/01/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	17.46		
02/01/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.00571/SH ON 2,230.90 SHARES DUE 2/ 1/99	12.73		
02/01/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 1/1/99 TO 1/31/99	19.08		

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/01/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00326/SH ON 2,466.85 SHARES DUE 2/ 1/99	8.04		
02/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 1/1/99 TO 1/31/99	18.83		
02/02/99	PURCHASED 177.64 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/ 2/99		177.64-	177.64
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99		50.00-	
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99	50.00-		
02/10/99	SOLD 100 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/10/99		100.00	100.00-
02/23/99	PURCHASED 176.13 SH THE ONE GROUP LARGE COMPANY VALUE FD TRADE DATE 2/22/99 176.13 SHARES AT $16.25		2,862.11-	2,862.11

BANK ONE.

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/23/99	PURCHASED 33.505 SH THE ONE GROUP VALUE GROWTH FD TRADE DATE 2/22/99 33.505 SHARES AT $14.00		469.07-	469.07
02/23/99	SOLD 134.43 SH THE ONE GROUP LARGE COMPANY GRWTH FD TRADE DATE 2/22/99 134.43 SHARES AT $24.78		3,331.18	3,216.08-
03/01/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.01331/SH ON 2,685.27 SHARES DUE 3/ 1/99	35.75		
03/01/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	38.09		
03/01/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	39.86		
03/01/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	16.47		

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/01/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.02196/SH ON 2,407.03 SHARES DUE 3/ 1/99	52.87		
03/01/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 2/1/99 TO 2/28/99	17.94		
03/01/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00693/SH ON 2,500.35 SHARES DUE 3/ 1/99	17.33		
03/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 2/1/99 TO 2/28/99	14.66		
03/02/99	PURCHASED 232.97 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/ 2/99		232.97-	232.97
03/08/99	CASH RECEIPT DEPOSIT TO ACCOUNT RECEIVED FROM F JAMES SENSENBRENNER FBO ROBERT SENSENBRENNER		2,200.50	

BANK ONE.

ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/09/99	PURCHASED 2,200.5 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/ 9/99		2,200.50-	2,200.50
03/10/99	PURCHASED 136.791 SH THE ONE GROUP VALUE GROWTH FD TRADE DATE 3/ 9/99 136.791 SHARES AT $14.13		1,932.86-	1,932.86
03/10/99	PURCHASED 15.771 SH THE ONE GROUP INTL EQUITY INDEX FD TRADE DATE 3/ 9/99 15.771 SHARES AT $16.97		267.64-	267.64
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99		50.00-	
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99	50.00-		
03/10/99	SOLD 2,300.5 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/10/99		2,300.50	2,300.50-
03/17/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 3/1/99 TO 3/31/99	28.82		

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/17/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 3/1/99 TO 3/31/99	11.23		
03/18/99	DISTRIBUTED 344.517 SH THE ONE GROUP INTERMEDIATE BOND FD REVERSE SPLIT TO THE ONE GROUP INTERMEDIATE BOND FD CUSIP: 681937272			3,343.41-
03/18/99	RECEIVED 330.0128 SH THE ONE GROUP INTERMEDIATE BOND FD REVERSE SPLIT FROM THE ONE GROUP INTERMEDIATE BOND FD CUSIP: 681937272			3,343.41
03/18/99	PURCHASED 40.05 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/18/99		40.05-	40.05
03/19/99	17.9 % STOCK DIVIDEND ONE GROUP INCOME BOND FD 159.26 ADDITIONAL SHARES RECEIVED			
04/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00313/SH ON 2,637.14 SHARES DUE 4/ 1/99	8.25		

BANK ONE.

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 3/1/99 TO 3/31/99	39.31		
04/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND INTEREST COVERS 3/22/99 TO 3/31/99	13.34		
04/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND INTEREST COVERS 3/22/99 TO 3/31/99	5.68		
04/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.01422/SH ON 2,407.03 SHARES DUE 4/ 1/99	34.23		
04/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00600/SH ON 2,685.27 SHARES DUE 4/ 1/99	16.11		
04/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 3/1/99 TO 3/31/99	19.38		
04/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 3/1/99 TO 3/31/99	16.83		

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/05/99	PURCHASED 153.13 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/ 5/99		153.13-	153.13
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99		50.09-	
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99	50.09-		
04/12/99	SOLD 100.18 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/12/99		100.18	100.18-
04/27/99	CASH RECEIPT DEPOSIT TO ACCOUNT 1998 FEDERAL INDIVIDUAL INCOME TAX REFUND CHK #78288120 DTD 4/16/99		872.00	
04/28/99	PURCHASED 872 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/28/99		872.00-	872.00
04/29/99	PURCHASED 83.286 SH ONE GROUP INTERMEDIATE BOND FUND TRADE DATE 4/28/99 83.286 SHARES AT $10.47		872.00-	872.00

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/29/99	SOLD 872 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/29/99		872.00	872.00-
05/03/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00201/SH ON 2,637.14 SHARES DUE 5/ 3/99	5.31		
05/03/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	38.78		
05/03/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	40.02		
05/03/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	17.11		
05/03/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00682/SH ON 2,407.03 SHARES DUE 5/ 3/99	16.42		
05/03/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00852/SH ON 2,685.27 SHARES DUE 5/ 3/99	22.89		

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/03/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	18.37		
05/03/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 4/1/99 TO 4/30/99	16.26		
05/04/99	PURCHASED 175.16 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/ 4/99		175.16-	175.16
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99		52.40-	
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99	52.39-		
05/12/99	SOLD 104.79 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/12/99		104.79	104.79-
05/25/99	CASH RECEIPT DEPOSIT TO ACCOUNT 1998 WISCONSIN STATE INCOME TAX REFUND DTD 5/18/99		191.00	

BANK ONE

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/26/99	PURCHASED 191 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/26/99		191.00-	191.00
05/27/99	PURCHASED 7.86 SH ONE GROUP LARGE CAP GROWTH FUND TRADE DATE 5/26/99 7.86 SHARES AT $24.30		191.00-	191.00
05/27/99	SOLD 191 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/27/99		191.00	191.00-
06/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00904/SH ON 2,637.14 SHARES DUE 6/ 1/99	23.85		
06/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	39.68		
06/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	41.53		
06/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	21.81		

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.03340/SH ON 2,407.03 SHARES DUE 6/ 1/99	80.40		
06/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01005/SH ON 2,685.27 SHARES DUE 6/ 1/99	26.99		
06/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	18.76		
06/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 5/1/99 TO 5/31/99	16.97		
06/02/99	PURCHASED 269.99 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/ 2/99		269.99-	269.99
06/09/99	CASH RECEIPT STATE FIDUCIARY TAX REFUND FOR 1998		135.00	
06/10/99	PURCHASED 135 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/10/99		135.00-	135.00

BANK ONE.

..31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMEN AT TAX CO
06/11/99	PURCHASED 5.526 SH ONE GROUP LARGE CAP GROWTH FUND TRADE DATE 6/10/99 5.526 SHARES AT $24.43		135.00-	135.0
06/11/99	SOLD 135 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/11/99		135.00	135.00-
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99		51.63-	
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99	51.63-		
06/14/99	CASH DISBURSEMENT PAID TO U S TREASURY FIDUCIARY EST FED INCOME TAX SECOND QUARTER FEDERAL ESTIMATED TAX PAYMENT		24.00-	
06/14/99	SOLD 127.26 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/14/99		127.26	127.26-
07/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	40.15		

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	39.91		
07/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	21.37		
07/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00849/SH ON 2,407.03 SHARES DUE 7/ 1/99	20.43		
07/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00714/SH ON 2,685.27 SHARES DUE 7/ 1/99	19.16		
07/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	18.55		
07/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 6/1/99 TO 6/30/99	17.12		
07/02/99	PURCHASED 176.69 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/ 2/99		176.69-	176.69

BANK ONE.

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ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99		53.94-	
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99	53.94-		
07/12/99	SOLD 107.88 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/12/99		107.88	107.88-
08/02/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00239/SH ON 2,637.14 SHARES DUE 8/ 2/99	6.31		
08/02/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	39.83		
08/02/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	41.35		
08/02/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	20.88		
08/02/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00484/SH ON 2,407.03 SHARES DUE 8/ 2/99	11.65		

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/02/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00635/SH ON 2,685.27 SHARES DUE 8/ 2/99	17.05		
08/02/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	19.18		
08/02/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 7/1/99 TO 7/31/99	18.35		
08/03/99	PURCHASED 174.6 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/ 3/99		174.60-	174.60
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99		52.83-	
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99	52.83-		
08/12/99	SOLD 105.66 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/12/99		105.66	105.66-
09/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00493/SH ON 2,637.14 SHARES DUE 9/ 1/99	13.00		

BANK ONE.

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	40.41		
09/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	41.21		
09/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	20.74		
09/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.02101/SH ON 2,407.03 SHARES DUE 9/ 1/99	50.56		
09/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01009/SH ON 2,685.27 SHARES DUE 9/ 1/99	27.10		
09/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	19.11		
09/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 8/1/99 TO 8/31/99	18.99		

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/02/99	PURCHASED 231.12 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/ 2/99		231.12-	231.12
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99		51.88-	
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99	51.87-		
09/13/99	SOLD 103.75 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/13/99		103.75	103.75-
09/14/99	CASH DISBURSEMENT PAID TO UNITED STATES TREASURY FIDUCIARY EST FED INCOME TAX FEDERAL ESTIMATED TAX		64.00-	
09/14/99	SOLD 64 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/14/99		64.00	64.00-
10/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00470/SH ON 2,637.14 SHARES DUE 10/ 1/99	12.39		

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BANK ONE

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	40.36		
10/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	40.64		
10/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	20.88		
10/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.01230/SH ON 2,407.03 SHARES DUE 10/ 1/99	29.60		
10/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01134/SH ON 2,685.27 SHARES DUE 10/ 1/99	30.45		
10/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	18.73		
10/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 9/1/99 TO 9/30/99	19.49		

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/04/99	PURCHASED 212.54 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/ 4/99		212.54-	212.54
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99		50.79-	
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99	50.79-		
10/12/99	SOLD 101.58 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/12/99		101.58	101.58-
10/19/99	PURCHASED 408.07 SH ONE GROUP SMALL CAP VALUE FUND TRADE DATE 10/18/99 408.07 SHARES AT $12.45		5,080.47-	5,080.47
10/19/99	PURCHASED 503.515 SH ONE GROUP BOND FUND TRADE DATE 10/18/99 503.515 SHARES AT $10.09		5,080.47-	5,080.47

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TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/19/99	PURCHASED 229.529 SH ONE GROUP MID CAP VALUE FUND TRADE DATE 10/18/99 229.529 SHARES AT $12.75		2,926.49-	2,926.49
10/19/99	SOLD 549.184 SH ONE GROUP GOVERNMENT BOND FUND TRADE DATE 10/18/99 549.184 SHARES AT $9.52		5,228.23	5,387.87-
10/19/99	SOLD 511.384 SH ONE GROUP SMALL CAP GROWTH FUND TRADE DATE 10/18/99 511.384 SHARES AT $10.06		5,144.52	5,751.90-
10/19/99	SOLD 161.63 SH ONE GROUP INTERMEDIATE BOND FUND TRADE DATE 10/18/99 161.63 SHARES AT $10.11		1,634.08	1,677.54-
10/19/99	SOLD 1,080.6 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/19/99		1,080.60	1,080.60-

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	11.34		
11/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	28.76		
11/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	41.48		
11/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	17.75		
11/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00339/SH ON 2,407.03 SHARES DUE 11/ 1/99	8.16		
11/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00363/SH ON 2,914.80 SHARES DUE 11/ 1/99	10.58		
11/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	19.33		

BANK ONE

4085

. 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTME AT TAX C
11/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 10/1/99 TO 10/31/99	19.00		
11/02/99	PURCHASED 156.4 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/ 2/99		156.40-	156.40
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99		53.30-	
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99	53.29-		
11/12/99	SOLD 106.59 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/12/99		106.59	106.59-
12/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	27.00		
12/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	13.06		
12/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	40.25		

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	12.96		
12/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	18.97		
12/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 11/1/99 TO 11/30/99	16.63		
12/02/99	PURCHASED 128.87 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 2/99		128.87-	128.87
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		2,111.74	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		189.27	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP INTERNATIONAL EQTY INDX FD		273.12	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP INTERNATIONAL EQTY INDX FD		84.75	

BANK ONE

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP GROWTH FUND		5,125.77	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP GROWTH FUND		248.82	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP VALUE FUND		3,042.64	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP VALUE FUND		537.63	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		3,163.13	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		3,557.86	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP VALUE FUND		3,162.07	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP VALUE FUND		622.54	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP SMALL CAP GROWTH FUND		256.42	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP SMALL CAP GROWTH FUND		165.95	

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/08/99	PURCHASED 22,541.71 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 8/99		22,541.71-	22,541.71
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99		54.74-	
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99	54.74-		
12/13/99	SOLD 109.48 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/13/99		109.48	109.48-
12/20/99	CASH RECEIPT DEPOSIT TO ACCOUNT CHECK FROM F JAMES SENSENBRENNER FBO ROBERT ALAN SENSENBRENNER		17,865.00	
12/21/99	CASH DISBURSEMENT PAID TO UNITED STATES TREASURY PERSONAL EST FED INCOME TAX 1999 FORM 1040ES SS#230-33-5547 CK#181953		2,500.00-	
12/21/99	CASH DISBURSEMENT PAID TO WISCONSIN DEPT OF REVENUE PERSONAL EST STATE TAX 1999 FORM 1ES SS#230-33-5547 CK#181954		1,800.00-	

BANK ONE.

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/21/99	PURCHASED 17,865 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/21/99		17,865.00-	17,865.00
12/22/99	PURCHASED 618.033 SH ONE GROUP LARGE CAP VALUE FUND TRADE DATE 12/21/99 618.033 SHARES AT $15.66		9,678.40-	9,678.40
12/22/99	PURCHASED 660.21 SH ONE GROUP MID CAP VALUE FUND TRADE DATE 12/21/99 660.21 SHARES AT $12.40		8,186.60-	8,186.60
12/22/99	PURCHASED 411.413 SH ONE GROUP DIVERSIFIED EQUITY FUND TRADE DATE 12/21/99 411.413 SHARES AT $14.37		5,912.00-	5,912.00
12/22/99	PURCHASED 178.405 SH ONE GROUP LARGE CAP GROWTH FUND TRADE DATE 12/21/99 178.405 SHARES AT $26.21		4,676.00-	4,676.00

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/22/99	PURCHASED 125.149 SH ONE GROUP MID CAP GROWTH FUND TRADE DATE 12/21/99 125.149 SHARES AT $25.13		3,145.00-	3,145.00
12/22/99	PURCHASED 66.326 SH ONE GROUP SMALL CAP GROWTH FUND TRADE DATE 12/21/99 66.326 SHARES AT $10.75		713.00-	713.00
12/22/99	PURCHASED 51.779 SH ONE GROUP SMALL CAP VALUE FUND TRADE DATE 12/21/99 51.779 SHARES AT $12.65		655.00-	655.00
12/22/99	SOLD 37,266 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/22/99		37,266.00	37,266.00-
12/23/99	SOLD 106.2 SH ONE GROUP SHORT-TERM BOND FUND TRADE DATE 12/22/99 106.2 SHARES AT $10.30		1,093.86	1,124.71-

BANK ONE.

...BRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMEI AT TAX CC
12/23/99	SOLD 28.01 SH ONE GROUP LARGE CAP VALUE FUND TRADE DATE 12/22/99 28.01 SHARES AT $15.67		438.91	462.1
12/23/99	SOLD 17.278 SH ONE GROUP INTERNATIONAL EQTY INDX FD TRADE DATE 12/22/99 17.278 SHARES AT $21.78		376.31	309.96-
12/23/99	SOLD 6.819 SH ONE GROUP MID CAP VALUE FUND TRADE DATE 12/22/99 6.819 SHARES AT $12.52		85.38	105.42-
12/23/99	PURCHASED 1,994.46 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/23/99		1,994.46-	1,994.46
12/29/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	27.19		
12/29/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00844/SH ON 3,048.55 SHARES DUE 12/29/99	25.74		

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/29/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	13.10		
12/29/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	42.14		
12/29/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	13.08		
12/29/99	INCOME ON ONE GROUP INTERNATIONAL EQTY INDX FD $ 0.04983/SH ON 1,221.00 SHARES DUE 12/29/99	60.84		
12/29/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.02491/SH ON 2,997.06 SHARES DUE 12/29/99	74.66		
12/29/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.02279/SH ON 3,568.19 SHARES DUE 12/29/99	81.32		
12/29/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	17.90		

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/30/99	PURCHASED 355.97 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/30/99		355.97-	355.97
12/31/99	CASH DISBURSEMENT TRANSFER TO PRINCIPAL	2,550.33-		
12/31/99	CASH RECEIPT TRANSFER FROM INCOME		2,550.33	
12/31/99	ENDING BALANCES	0.00	0.00	239,188.26

INCOME CASH	+	PRINCIPAL CASH	=	NET CASH
0.00		0.00		0.00

INVESTMENT REVIEW

ROBERT ALAN SENSENBRENNER TR — DETAIL OF ASSETS AS OF 12/31/99 — ACCOUNT NUMBER: 9572031510

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
CASH							
0.00	INCOME CASH	0.00		0.00	0.00		
0.00	PRINCIPAL CASH	0.00		0.00	0.00		
0.00	NET CASH	0.00		0.00	0.00		
CASH EQUIVALENTS							
5,316.23	ONE GROUP PRIME MONEY MARKET FUND	5,316.23	1.00	5,316.23	3.60	290.61	5.47
MUTUAL FUNDS - FIXED INCOME							
135.72	ONE GROUP BOND FUND	1,412.80	10.02	1,359.87	0.92	86.31	6.35
136.34	ONE GROUP GOVERNMENT BOND FUND	1,237.97	9.46	1,289.78	0.87	78.82	6.11
688.13	ONE GROUP INCOME BOND FUND	5,332.41	7.48	5,147.18	3.49	325.51	6.32

ROBERT ALAN SENSENBRENNER 1993 TRUST

SUMMARY OF ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572131310

DESCRIPTION	TAX COST	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	YIELD AT MARKET
CASH EQUIVALENTS	9,302.29	9,302.29	3.07	508.51	5.47
MUTUAL FUNDS - FIXED INCOME	21,320.47	20,861.39	6.87	1,291.11	6.19
COMMON & MUTUAL FUNDS - EQUITIES	208,565.50	273,334.74	90.06	1,048.74	0.38
TOTAL ACCOUNT	239,188.26	303,498.42	100.00	2,848.36	0.94

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ROBERT ALAN SENSENBRENNER 1993 TRUST DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572131310

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
251.67	ONE GROUP INTERMEDIATE BOND FUND	2,537.87	10.05	2,529.27	0.83	153.66	6.08
282.6	ONE GROUP SHORT-TERM BOND FUND	2,945.91	10.29	2,907.96	0.96	166.26	5.72
TOTAL MUTUAL FUNDS - FIXED INCOME		21,320.47		20,861.39	6.87	1,291.11	6.19
COMMON & MUTUAL FUNDS - EQUITIES							
3,048.55	ONE GROUP DIVERSIFIED EQUITY FUND	34,774.06	14.75	44,966.17	14.82	136.71	0.30
1,221	ONE GROUP INTERNATIONAL EQTY INDX FD	17,773.39	22.65	27,655.58	9.11	60.84	0.22
1,787	ONE GROUP LARGE CAP GROWTH FUND	27,712.39	26.69	47,694.92	15.72	0.00	0.00
2,997.06	ONE GROUP LARGE CAP VALUE FUND	40,700.22	16.20	48,552.31	16.00	470.67	0.97
1,770.78	ONE GROUP MID CAP GROWTH FUND	30,944.83	25.95	45,951.64	15.14	0.00	0.00
3,568.19	ONE GROUP MID CAP VALUE FUND	46,418.30	12.97	46,279.44	15.25	380.52	0.82

INVESTMENT REVIEW

ROBERT ALAN SENSENBRENNER 1993 TRUST DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572131310

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
547.66	ONE GROUP SMALL CAP GROWTH FUND	4,506.84	11.29	6,183.07	2.04	0.00	0.00
459.85	ONE GROUP SMALL CAP VALUE FUND	5,735.47	13.16	6,051.61	1.99	0.00	0.00
TOTAL COMMON & MUTUAL FUNDS - EQUITIES		208,565.50		273,334.74	90.06	1,048.74	0.38
TOTAL ACCOUNT		239,188.26		303,498.42	100.00	2,848.36	0.94

ROBERT ALAN SENSENBRENNER 1993 TRUST DETAIL OF PENDING ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572131310

PENDING TRADES: NONE

BANK ONE TRUST COMPANY, NA
111 E WISCONSIN AVE
MILWAUKEE, WI 53202

STATEMENT OF ACCOUNT
FOR PERIOD 01/01/99 THROUGH 12/31/99

Filer is trustee.
Son is beneficiary.

F JAMES SENSENBRENNER III 1993 TRUST

ACCOUNT NUMBER 9572131210

FOR ASSISTANCE, PLEASE CONTACT
LYNN E PAULL
(414) 765-2751

F JAMES SENSENBRENNER JR
609 FORT WILLIAMS PKWY
ALEXANDRIA VA 22304-1813

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BANK ONE.

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STATEMENT MESSAGES

ACCOUNT NO. 9572131210 F JAMES SENSENBRENNER III 1993 TRUST

MUTUAL FUNDS, INCLUDING PROPRIETARY MUTUAL FUNDS, AND VARIOUS OTHER MARKETABLE SECURITIES ARE NOT INSURED OR GUARANTEED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER GOVERNMENT SPONSORED AGENCY OF THE FEDERAL GOVERNMENT OR ANY STATE. ALL INVOLVE INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED. "THE ONE GROUP" FUNDS ARE NOT DEPOSITS OR OBLIGATIONS OF, AND ARE NOT GUARANTEED BY, BANK ONE CORPORATION OR ITS BANK OR NON-BANK AFFILIATES.

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ALTHOUGH MARKET VALUES AND PRICES HAVE BEEN OBTAINED FROM SOURCES WE BELIEVE TO BE RELIABLE, WE DO NOT GUARANTEE THEIR ACCURACY. CERTAIN FIXED INCOME SECURITIES AND ASSETS THAT ARE NOT PUBLICLY OR FREQUENTLY TRADED CANNOT BE READILY PRICED.

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THIS STATEMENT IS NOT AN OFFICIAL DOCUMENT FOR INCOME TAX REPORTING PURPOSES.

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TRANSACTION SUMMARY

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
BEGINNING BALANCES 12/31/98	0.00	0.00	194,752.50
CASH RECEIPTS			
NET INTEREST	233.16		
NET DIVIDENDS	3,008.35	22,903.82	
OTHER CASH RECEIPTS		33,431.90	
TOTAL CASH RECEIPTS	3,241.51	56,335.72	0.00
CASH DISBURSEMENTS			
DISTRIBUTIONS TO BENEFICIARIES		4,300.00-	
FIDUCIARY INCOME TAXES		53.00-	
ADMINISTRATIVE EXPENSES	624.11-	624.16-	
OTHER DISBURSEMENTS	2,617.40-		
TOTAL CASH DISBURSEMENTS	3,241.51-	4,977.16-	0.00
INVESTMENT TRANSACTIONS			
PURCHASES		65,897.91-	65,897.91
SALES/MATURITIES		19,612.41	20,099.66-
DISTRIBUTIONS IN KIND			3,456.86-

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TRANSACTION SUMMARY

F JAMES SENSENBRENNER III 1993 TRUST

12/31/98 THROUGH 12/31/99

ACCOUNT NUMBER 9572131210

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
ASSETS RECEIVED IN KIND			3,456.86
NET PURCHASES/SALES			
CASH MANAGEMENT VEHICLE		5,073.06-	5,073.06
TOTAL INVESTMENT TRANSACTIONS		51,358.56-	50,871.31
ENDING BALANCES 12/31/99	0.00	0.00	245,623.81

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/31/98	BEGINNING BALANCES	0.00	0.00	194,752.50
01/04/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.01111/SH ON 2,523.05 SHARES DUE 1/ 4/99	28.04		
01/04/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	41.23		
01/04/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	41.74		
01/04/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	18.42		
01/04/99	INCOME ON THE ONE GROUP INTL EQUITY INDEX FD $ 0.38744/SH ON 1,260.48 SHARES DUE 1/ 4/99	488.36		
01/04/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.01442/SH ON 2,082.06 SHARES DUE 1/ 4/99	30.02		
01/04/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 12/1/98 TO 12/31/98	18.96		

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TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99

ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/04/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00299/SH ON 2,510.10 SHARES DUE 1/ 4/99	7.51		
01/04/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 12/1/98 TO 12/31/98	20.13		
01/05/99	PURCHASED 694.41 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/ 5/99		694.41-	694.41
01/06/99	PURCHASED 10,000 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/ 6/99		10,000.00-	10,000.00
01/06/99	CASH RECEIPT PAID FROM ACCOUNT# 9572069210 DEPOSIT TO ACCOUNT 1999 ANNUAL EXCLUSION GIFT		10,000.00	
01/08/99	PURCHASED 213.919 SH THE ONE GROUP LARGE COMPANY VALUE FD TRADE DATE 1/ 7/99 213.919 SHARES AT $16.50		3,529.67-	3,529.67

TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/08/99	PURCHASED 240.41 SH THE ONE GROUP DISCIPLINED VALUE FD TRADE DATE 1/ 7/99 240.41 SHARES AT $14.45		3,473.93-	3,473.93
01/08/99	PURCHASED 265.405 SH THE ONE GROUP INCOME BOND FD TRADE DATE 1/ 7/99 265.405 SHARES AT $9.43		2,502.77-	2,502.77
01/08/99	PURCHASED 34.886 SH THE ONE GROUP VALUE GROWTH FD TRADE DATE 1/ 7/99 34.886 SHARES AT $14.15		493.63-	493.63
01/08/99	SOLD 10,000 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/ 8/99		10,000.00	10,000.00-
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98		38.09-	
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98	38.09-		

TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/11/99	SOLD 76.18 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/11/99		76.18	76.18-
02/01/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.00742/SH ON 2,763.46 SHARES DUE 2/ 1/99	20.50		
02/01/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	40.27		
02/01/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	51.17		
02/01/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	18.00		
02/01/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.00571/SH ON 2,295.98 SHARES DUE 2/ 1/99	13.10		
02/01/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 1/1/99 TO 1/31/99	18.47		

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/01/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00326/SH ON 2,544.99 SHARES DUE 2/ 1/99	8.29		
02/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 1/1/99 TO 1/31/99	21.06		
02/02/99	PURCHASED 190.86 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/ 2/99		190.86-	190.86
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99		51.19-	
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99	51.18-		
02/10/99	SOLD 102.37 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/10/99		102.37	102.37-
02/23/99	PURCHASED 184.031 SH THE ONE GROUP LARGE COMPANY VALUE FD TRADE DATE 2/22/99 184.031 SHARES AT $16.25		2,990.50-	2,990.50

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/23/99	PURCHASED 9.791 SH THE ONE GROUP VALUE GROWTH FD TRADE DATE 2/22/99 9.791 SHARES AT $14.00		137.08-	137.08
02/23/99	SOLD 334.859 SH THE ONE GROUP INCOME BOND FD TRADE DATE 2/22/99 334.859 SHARES AT $9.34		3,127.58	3,198.16-
03/01/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.01331/SH ON 2,763.46 SHARES DUE 3/ 1/99	36.79		
03/01/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	39.14		
03/01/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	47.25		
03/01/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	17.03		

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/01/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.02196/SH ON 2,480.01 SHARES DUE 3/ 1/99	54.47		
03/01/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 2/1/99 TO 2/28/99	17.39		
03/01/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00693/SH ON 2,554.78 SHARES DUE 3/ 1/99	17.71		
03/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 2/1/99 TO 2/28/99	16.65		
03/02/99	PURCHASED 246.43 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/ 2/99		246.43-	246.43
03/08/99	CASH RECEIPT DEPOSIT TO ACCOUNT RECEIVED FROM F JAMES SENSENBRENNER FBO F JAMES SENSENBRENNER III		2,200.50	

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TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/09/99	PURCHASED 2,200.5 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/ 9/99		2,200.50-	2,200.50
03/10/99	PURCHASED 155.732 SH THE ONE GROUP VALUE GROWTH FD TRADE DATE 3/ 9/99 155.732 SHARES AT $14.13		2,200.50-	2,200.50
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99		50.00-	
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99	50.00-		
03/10/99	SOLD 2,300.5 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/10/99		2,300.50	2,300.50-
03/17/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 3/1/99 TO 3/31/99	25.66		
03/17/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 3/1/99 TO 3/31/99	11.60		

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/18/99	DISTRIBUTED 355.969 SH THE ONE GROUP INTERMEDIATE BOND FD REVERSE SPLIT TO THE ONE GROUP INTERMEDIATE BOND FD CUSIP: 681937272			3,456.86-
03/18/99	RECEIVED 340.9827 SH THE ONE GROUP INTERMEDIATE BOND FD REVERSE SPLIT FROM THE ONE GROUP INTERMEDIATE BOND FD CUSIP: 681937272			3,456.86
03/18/99	PURCHASED 37.26 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/18/99		37.26-	37.26
03/19/99	17.9 % STOCK DIVIDEND ONE GROUP INCOME BOND FD 141.68 ADDITIONAL SHARES RECEIVED			
04/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00313/SH ON 2,710.51 SHARES DUE 4/ 1/99	8.48		
04/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 3/1/99 TO 3/31/99	40.36		

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TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND INTEREST COVERS 3/22/99 TO 3/31/99	11.87		
04/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND INTEREST COVERS 3/22/99 TO 3/31/99	5.89		
04/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.01422/SH ON 2,480.01 SHARES DUE 4/ 1/99	35.26		
04/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00600/SH ON 2,763.46 SHARES DUE 4/ 1/99	16.58		
04/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 3/1/99 TO 3/31/99	18.77		
04/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 3/1/99 TO 3/31/99	19.04		
04/05/99	PURCHASED 156.25 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/ 5/99		156.25-	156.25

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99		51.59-	
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99	51.59-		
04/12/99	SOLD 103.18 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/12/99		103.18	103.18-
04/27/99	CASH RECEIPT DEPOSIT TO ACCOUNT 1998 FEDERAL INDIVIDUAL INCOME TAX REFUND CHK #78288119 DTD 4/16/99		434.00	
04/28/99	PURCHASED 434 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/28/99		434.00-	434.00
04/29/99	PURCHASED 41.452 SH ONE GROUP INTERMEDIATE BOND FUND TRADE DATE 4/28/99 41.452 SHARES AT $10.47		434.00-	434.00

BANK ONE.

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/29/99	SOLD 434 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/29/99		434.00	434.00-
05/03/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00201/SH ON 2,710.51 SHARES DUE 5/ 3/99	5.46		
05/03/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	39.80		
05/03/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	35.61		
05/03/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	17.54		
05/03/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00682/SH ON 2,480.01 SHARES DUE 5/ 3/99	16.92		
05/03/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00852/SH ON 2,763.46 SHARES DUE 5/ 3/99	23.55		

TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/03/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	17.79		
05/03/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 4/1/99 TO 4/30/99	18.32		
05/04/99	PURCHASED 174.99 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/ 4/99		174.99-	174.99
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99		53.87-	
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99	53.86-		
05/12/99	SOLD 107.73 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/12/99		107.73	107.73-
05/25/99	CASH RECEIPT DEPOSIT TO ACCOUNT 1998 WISCONSIN STATE INCOME TAX REFUND DTD 5/18/99		174.00	

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99

ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/26/99	PURCHASED 174 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/26/99		174.00-	174.00
05/27/99	PURCHASED 7.16 SH ONE GROUP LARGE CAP GROWTH FUND TRADE DATE 5/26/99 7.16 SHARES AT $24.30		174.00-	174.00
05/27/99	SOLD 174 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/27/99		174.00	174.00-
06/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00904/SH ON 2,710.51 SHARES DUE 6/ 1/99	24.51		
06/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	40.71		
06/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	36.93		
06/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	20.20		

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.03340/SH ON 2,480.01 SHARES DUE 6/ 1/99	82.83		
06/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01005/SH ON 2,763.46 SHARES DUE 6/ 1/99	27.77		
06/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	18.18		
06/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 5/1/99 TO 5/31/99	19.14		
06/02/99	PURCHASED 270.27 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/ 2/99		270.27-	270.27
06/09/99	CASH RECEIPT STATE FIDUCIARY TAX REFUND FOR 1998		141.00	
06/10/99	PURCHASED 141 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/10/99		141.00-	141.00

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/11/99	PURCHASED 13.756 SH ONE GROUP INTERMEDIATE BOND FUND TRADE DATE 6/10/99 13.756 SHARES AT $10.25		141.00-	141.00
06/11/99	SOLD 141 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/11/99		141.00	141.00-
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99		53.08-	
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99	53.07-		
06/14/99	SOLD 106.15 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/14/99		106.15	106.15-
07/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	41.24		
07/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	35.49		

TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	20.24		
07/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00849/SH ON 2,480.01 SHARES DUE 7/ 1/99	21.05		
07/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00714/SH ON 2,763.46 SHARES DUE 7/ 1/99	19.72		
07/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	17.96		
07/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 6/1/99 TO 6/30/99	19.27		
07/02/99	PURCHASED 174.97 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/ 2/99		174.97-	174.97
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99		55.48-	

4120

BANK ONE.

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99	55.47-		
07/12/99	SOLD 110.95 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/12/99		110.95	110.95-
08/02/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00239/SH ON 2,710.51 SHARES DUE 8/ 2/99	6.48		
08/02/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	40.94		
08/02/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	36.75		
08/02/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	20.05		
08/02/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00484/SH ON 2,480.01 SHARES DUE 8/ 2/99	12.00		

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/02/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00635/SH ON 2,763.46 SHARES DUE 8/ 2/99	17.54		
08/02/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	18.60		
08/02/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 7/1/99 TO 7/31/99	20.66		
08/03/99	PURCHASED 173.02 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/ 3/99		173.02-	173.02
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99		54.33-	
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99	54.32-		
08/12/99	SOLD 108.65 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/12/99		108.65	108.65-
09/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00493/SH ON 2,710.51 SHARES DUE 9/ 1/99	13.37		

BANK ONE.

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	41.47		
09/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	36.65		
09/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	19.90		
09/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.02101/SH ON 2,480.01 SHARES DUE 9/ 1/99	52.10		
09/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01009/SH ON 2,763.46 SHARES DUE 9/ 1/99	27.89		
09/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	18.51		
09/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 8/1/99 TO 8/31/99	21.33		

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/02/99	PURCHASED 231.22 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/ 2/99		231.22-	231.22
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99		53.34-	
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99	53.34-		
09/13/99	SOLD 106.68 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/13/99		106.68	106.68-
09/14/99	CASH DISBURSEMENT PAID TO UNITED STATES TREASURY FIDUCIARY EST FED INCOME TAX FEDERAL ESTIMATED TAX		53.00-	
09/14/99	SOLD 53 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/14/99		53.00	53.00-
10/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00470/SH ON 2,710.51 SHARES DUE 10/ 1/99	12.74		

BANK ONE.

4124

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	41.50		
10/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	36.14		
10/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	20.03		
10/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.01230/SH ON 2,480.01 SHARES DUE 10/ 1/99	30.50		
10/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01134/SH ON 2,763.46 SHARES DUE 10/ 1/99	31.34		
10/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	18.17		
10/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 9/1/99 TO 9/30/99	21.86		

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/04/99	PURCHASED 212.28 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/ 4/99		212.28-	212.28
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99		52.22-	
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99	52.22-		
10/12/99	SOLD 104.44 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/12/99		104.44	104.44-
10/19/99	PURCHASED 419.576 SH ONE GROUP SMALL CAP VALUE FUND TRADE DATE 10/18/99 419.576 SHARES AT $12.45		5,223.72-	5,223.72
10/19/99	PURCHASED 517.713 SH ONE GROUP BOND FUND TRADE DATE 10/18/99 517.713 SHARES AT $10.09		5,223.72-	5,223.72

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/19/99	PURCHASED 455.494 SH ONE GROUP INCOME BOND FUND TRADE DATE 10/18/99 455.494 SHARES AT $7.53		3,429.87-	3,429.87
10/19/99	PURCHASED 233.453 SH ONE GROUP MID CAP VALUE FUND TRADE DATE 10/18/99 233.453 SHARES AT $12.75		2,976.52-	2,976.52
10/19/99	SOLD 531.449 SH ONE GROUP SMALL CAP GROWTH FUND TRADE DATE 10/18/99 531.449 SHARES AT $10.06		5,346.38	6,018.23-
10/19/99	SOLD 563.767 SH ONE GROUP GOVERNMENT BOND FUND TRADE DATE 10/18/99 563.767 SHARES AT $9.52		5,367.06	5,492.36-
10/19/99	SOLD 67.39 SH ONE GROUP MID CAP GROWTH FUND TRADE DATE 10/18/99 67.39 SHARES AT $23.14		1,559.40	1,250.76-

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/19/99	SOLD 137.455 SH ONE GROUP INTERMEDIATE BOND FUND TRADE DATE 10/18/99 137.455 SHARES AT $10.11		1,389.67	1,422.21-
10/19/99	SOLD 52.622 SH ONE GROUP LARGE CAP GROWTH FUND TRADE DATE 10/18/99 52.622 SHARES AT $24.79		1,304.50	1,180.53-
10/19/99	SOLD 1,886.82 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/19/99		1,886.82	1,886.82-
11/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	11.65		
11/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	29.57		
11/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	44.41		

BANK ONE.

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	17.42		
11/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00339/SH ON 2,480.01 SHARES DUE 11/ 1/99	8.40		
11/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00363/SH ON 2,996.92 SHARES DUE 11/ 1/99	10.88		
11/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	18.73		
11/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 10/1/99 TO 10/31/99	20.04		
11/02/99	PURCHASED 161.1 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/ 2/99		161.10-	161.10
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99		54.76-	

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99	54.76-		
11/12/99	SOLD 109.52 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/12/99		109.52	109.52-
12/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	27.77		
12/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	13.42		
12/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	53.28		
12/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	13.34		
12/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	18.39		

BANK ONE.

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 11/1/99 TO 11/30/99	15.66		
12/02/99	PURCHASED 141.86 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 2/99		141.86-	141.86
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		2,170.50	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		194.53	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP INTERNATIONAL EQTY INDX FD		278.02	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP INTERNATIONAL EQTY INDX FD		86.27	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP GROWTH FUND		5,242.87	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP GROWTH FUND		254.50	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP VALUE FUND		3,134.88	

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP VALUE FUND		553.93	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		3,135.80	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		3,527.13	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP VALUE FUND		3,251.14	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP VALUE FUND		640.08	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP SMALL CAP GROWTH FUND		263.59	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP SMALL CAP GROWTH FUND		170.58	
12/08/99	PURCHASED 22,903.82 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 8/99		22,903.82-	22,903.82
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99		56.21-	

BANK ONE.

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/13/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/13/99		66.67	66.67-
12/20/99	PURCHASED 241.272 SH ONE GROUP MID CAP VALUE FUND TRADE DATE 12/17/99 241.272 SHARES AT $12.26		2,958.00-	2,958.00
12/20/99	PURCHASED 121.332 SH ONE GROUP LARGE CAP VALUE FUND TRADE DATE 12/17/99 121.332 SHARES AT $15.61		1,894.00-	1,894.00
12/20/99	PURCHASED 112.149 SH ONE GROUP DIVERSIFIED EQUITY FUND TRADE DATE 12/17/99 112.149 SHARES AT $14.24		1,597.00-	1,597.00
12/20/99	PURCHASED 30.395 SH ONE GROUP MID CAP GROWTH FUND TRADE DATE 12/17/99 30.395 SHARES AT $24.28		738.00-	738.00
12/20/99	PURCHASED 19.49 SH ONE GROUP LARGE CAP GROWTH FUND TRADE DATE 12/17/99 19.49 SHARES AT $25.86		504.00-	504.00

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/22/99	PURCHASED 621.085 SH ONE GROUP LARGE CAP VALUE FUND TRADE DATE 12/21/99 621.085 SHARES AT $15.66		9,726.19-	9,726.19
12/22/99	PURCHASED 656.356 SH ONE GROUP MID CAP VALUE FUND TRADE DATE 12/21/99 656.356 SHARES AT $12.40		8,138.81-	8,138.81
12/22/99	PURCHASED 378.566 SH ONE GROUP DIVERSIFIED EQUITY FUND TRADE DATE 12/21/99 378.566 SHARES AT $14.37		5,440.00-	5,440.00
12/22/99	PURCHASED 167.035 SH ONE GROUP LARGE CAP GROWTH FUND TRADE DATE 12/21/99 167.035 SHARES AT $26.21		4,378.00-	4,378.00
12/22/99	PURCHASED 160.844 SH ONE GROUP MID CAP GROWTH FUND TRADE DATE 12/21/99 160.844 SHARES AT $25.13		4,042.00-	4,042.00

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/22/99	PURCHASED 60.465 SH ONE GROUP SMALL CAP GROWTH FUND TRADE DATE 12/21/99 60.465 SHARES AT $10.75		650.00-	650.00
12/22/99	PURCHASED 46.798 SH ONE GROUP SMALL CAP VALUE FUND TRADE DATE 12/21/99 46.798 SHARES AT $12.65		592.00-	592.00
12/22/99	SOLD 37,267 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/22/99		37,267.00	37,267.00-
12/23/99	SOLD 86.954 SH ONE GROUP SHORT-TERM BOND FUND TRADE DATE 12/22/99 86.954 SHARES AT $10.30		895.63	922.50-
12/23/99	SOLD 27.766 SH ONE GROUP LARGE CAP VALUE FUND TRADE DATE 12/22/99 27.766 SHARES AT $15.67		435.10	458.14-

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/23/99	SOLD 8.59 SH ONE GROUP INTERNATIONAL EQTY INDX FD TRADE DATE 12/22/99 8.59 SHARES AT $21.78		187.09	156.77-
12/23/99	PURCHASED 1,517.82 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/23/99		1,517.82-	1,517.82
12/29/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	27.96		
12/29/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00844/SH ON 3,089.08 SHARES DUE 12/29/99	26.08		
12/29/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	13.54		
12/29/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	55.80		
12/29/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	13.42		

TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/29/99	INCOME ON ONE GROUP INTERNATIONAL EQTY INDX FD $ 0.04983/SH ON 1,251.89 SHARES DUE 12/29/99	62.38		
12/29/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.02491/SH ON 3,073.33 SHARES DUE 12/29/99	76.56		
12/29/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.02279/SH ON 3,653.27 SHARES DUE 12/29/99	83.26		
12/29/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	17.59		
12/30/99	PURCHASED 376.59 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/30/99		376.59-	376.59
12/31/99	CASH DISBURSEMENT TRANSFER TO PRINCIPAL	2,617.40-		
12/31/99	CASH RECEIPT TRANSFER FROM INCOME		2,617.40	
12/31/99	ENDING BALANCES	0.00	0.00	248,623.81

TRANSACTION DETAIL

F JAMES SENSENBRENNER III 1993 TRUST 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572131210

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	INCOME CASH + PRINCIPAL CASH = NET CASH			
	0.00 0.00 0.00			

BANK ONE.

F JAMES SENSENBRENNER III 1993 TRUST

SUMMARY OF ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572131210

DESCRIPTION	TAX COST	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	YIELD AT MARKET
CASH EQUIVALENTS	8,991.49	8,991.49	2.89	491.52	5.47
MUTUAL FUNDS - FIXED INCOME	24,142.92	23,760.69	7.64	1,473.72	6.20
COMMON & MUTUAL FUNDS - EQUITIES	212,489.40	278,377.34	89.47	1,073.15	0.39
TOTAL ACCOUNT	245,623.81	311,129.52	100.00	3,038.39	0.98

F JAMES SENSENBRENNER III 1993 TRUST DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572131210

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
CASH							
0.00	INCOME CASH	0.00		0.00	0.00		
0.00	PRINCIPAL CASH	0.00		0.00	0.00		
0.00	NET CASH	0.00		0.00	0.00		
CASH EQUIVALENTS							
8,991.49	ONE GROUP PRIME MONEY MARKET FUND	8,991.49	1.00	8,991.49	2.89	491.52	5.47
MUTUAL FUNDS - FIXED INCOME							
517.71	ONE GROUP BOND FUND	5,223.72	10.02	5,187.48	1.67	329.24	6.35
275.24	ONE GROUP GOVERNMENT BOND FUND	2,520.35	9.46	2,603.73	0.84	159.12	6.11
1,388.68	ONE GROUP INCOME BOND FUND	10,767.45	7.48	10,387.33	3.34	656.91	6.32

F JAMES SENSENBRENNER III 1993 TRUST DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572131210

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
258.74	ONE GROUP INTERMEDIATE BOND FUND	2,609.65	10.05	2,600.29	0.84	157.97	6.08
289.78	ONE GROUP SHORT-TERM BOND FUND	3,021.75	10.29	2,981.86	0.96	170.48	5.72
	TOTAL MUTUAL FUNDS - FIXED INCOME	24,142.92		23,760.69	7.64	1,473.72	6.20
	COMMON & MUTUAL FUNDS - EQUITIES						
3,089.08	ONE GROUP DIVERSIFIED EQUITY FUND	35,118.80	14.75	45,563.89	14.64	138.52	0.30
1,251.89	ONE GROUP INTERNATIONAL EQTY INDX FD	18,249.87	22.65	28,355.24	9.11	62.38	0.22
1,812.37	ONE GROUP LARGE CAP GROWTH FUND	27,839.37	26.69	48,372.24	15.55	0.00	0.00
3,073.33	ONE GROUP LARGE CAP VALUE FUND	41,714.27	16.20	49,787.88	16.00	482.65	0.97
1,792.26	ONE GROUP MID CAP GROWTH FUND	31,546.30	25.95	46,509.04	14.95	0.00	0.00
3,653.27	ONE GROUP MID CAP VALUE FUND	47,632.09	12.97	47,382.92	15.23	389.60	0.82

F JAMES SENSENBRENNER III 1993 TRUST DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572131210

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
555.24	ONE GROUP SMALL CAP GROWTH FUND	4,572.98	11.29	6,268.65	2.01	0.00	0.00
466.37	ONE GROUP SMALL CAP VALUE FUND	5,815.72	13.16	6,137.48	1.97	0.00	0.00
	TOTAL COMMON & MUTUAL FUNDS - EQUITIES	212,489.40		278,377.34	89.47	1,073.15	0.39
	TOTAL ACCOUNT	245,623.81		311,129.52	100.00	3,038.39	0.98

BANK ONE.

F JAMES SENSENBRENNER III 1993 TRUST DETAIL OF PENDING ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572131210

PENDING TRADES: NONE

BANK ONE TRUST COMPANY, NA
111 E WISCONSIN AVE
MILWAUKEE, WI 53202

STATEMENT OF ACCOUNT
FOR PERIOD 01/01/99 THROUGH 12/31/99

ROBERT ALAN SENSENBRENNER TR

ACCOUNT NUMBER 9572031510

FOR ASSISTANCE, PLEASE CONTACT
LYNN E PAULL
(414) 765-2751

Filer is trustee.
Son is bene.

F JAMES SENSENBRENNER JR
609 FORT WILLIAMS PKWY
ALEXANDRIA VA 22304-1813

BANK ONE.

STATEMENT MESSAGES

ACCOUNT NO. 9572031510 ROBERT ALAN SENSENBRENNER TR

MUTUAL FUNDS, INCLUDING PROPRIETARY MUTUAL FUNDS, AND VARIOUS OTHER MARKETABLE SECURITIES ARE NOT INSURED OR GUARANTEED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER GOVERNMENT SPONSORED AGENCY OF THE FEDERAL GOVERNMENT OR ANY STATE. ALL INVOLVE INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED. "THE ONE GROUP" FUNDS ARE NOT DEPOSITS OR OBLIGATIONS OF, AND ARE NOT GUARANTEED BY, BANK ONE CORPORATION OR ITS BANK OR NON-BANK AFFILIATES.

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ALTHOUGH MARKET VALUES AND PRICES HAVE BEEN OBTAINED FROM SOURCES WE BELIEVE TO BE RELIABLE, WE DO NOT GUARANTEE THEIR ACCURACY. CERTAIN FIXED INCOME SECURITIES AND ASSETS THAT ARE NOT PUBLICLY OR FREQUENTLY TRADED CANNOT BE READILY PRICED.

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THIS STATEMENT IS NOT AN OFFICIAL DOCUMENT FOR INCOME TAX REPORTING PURPOSES.

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TRANSACTION SUMMARY

ROBERT ALAN SENSENBRENNER TR

12/31/98 THROUGH 12/31/99

ACCOUNT NUMBER 9572031510

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
BEGINNING BALANCES 12/31/98	0.00	0.00	98,956.96
CASH RECEIPTS			
NET INTEREST	88.70		
NET DIVIDENDS	1,536.91	11,569.43	
OTHER CASH RECEIPTS		1,233.98	
TOTAL CASH RECEIPTS	1,625.61	12,803.41	0.00
CASH DISBURSEMENTS			
FIDUCIARY INCOME TAXES		2,648.00-	
ADMINISTRATIVE EXPENSES	391.63-	391.74-	
OTHER DISBURSEMENTS	1,233.98-		
TOTAL CASH DISBURSEMENTS	1,625.61-	3,039.74-	0.00
INVESTMENT TRANSACTIONS			
PURCHASES		24,156.49-	24,156.49
SALES/MATURITIES		16,673.41	16,022.52-
DISTRIBUTIONS IN KIND			2,816.00-
ASSETS RECEIVED IN KIND			2,816.00

BANK ONE.

TRANSACTION SUMMARY

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
NET PURCHASES/SALES			
CASH MANAGEMENT VEHICLE		2,280.59-	2,280.59
TOTAL INVESTMENT TRANSACTIONS		9,763.67-	10,414.56
ENDING BALANCES 12/31/99	0.00	0.00	109,371.82

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/31/98	BEGINNING BALANCES	0.00	0.00	98,956.96
01/04/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.01111/SH ON 1,308.08 SHARES DUE 1/ 4/99	14.54		
01/04/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	19.62		
01/04/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	21.75		
01/04/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	15.10		
01/04/99	INCOME ON THE ONE GROUP INTL EQUITY INDEX FD $ 0.38744/SH ON 613.14 SHARES DUE 1/ 4/99	237.55		
01/04/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.01442/SH ON 1,024.04 SHARES DUE 1/ 4/99	14.77		
01/04/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 12/1/98 TO 12/31/98	9.22		

BANK ONE.

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/04/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00299/SH ON 1,278.02 SHARES DUE 1/ 4/99	3.83		
01/04/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 12/1/98 TO 12/31/98	14.26		
01/05/99	PURCHASED 350.64 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/ 5/99		350.64-	350.64
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98		25.00-	
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98	25.00-		
01/11/99	SOLD 50 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/11/99		50.00	50.00-
01/12/99	PURCHASED 96.39 SH THE ONE GROUP LARGE COMPANY VALUE FD TRADE DATE 1/11/99 96.39 SHARES AT $16.47		1,587.54-	1,587.54

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER TR | 12/31/98 THROUGH 12/31/99 | ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/12/99	PURCHASED 120.141 SH THE ONE GROUP GOVERNMENT BOND FD TRADE DATE 1/11/99 120.141 SHARES AT $10.12		1,215.83-	1,215.83
01/12/99	PURCHASED 112.124 SH THE ONE GROUP INCOME BOND FD TRADE DATE 1/11/99 112.124 SHARES AT $9.39		1,052.84-	1,052.84
01/12/99	PURCHASED 19.129 SH THE ONE GROUP DISCIPLINED VALUE FD TRADE DATE 1/11/99 19.129 SHARES AT $14.37		274.88-	274.88
01/12/99	SOLD 147.641 SH THE ONE GROUP GRWTH OPPORTUNITIES FD TRADE DATE 1/11/99 147.641 SHARES AT $22.93		3,385.41	2,967.59-
01/12/99	SOLD 745.68 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/12/99		745.68	745.68-

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BANK ONE.

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/01/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.00742/SH ON 1,327.21 SHARES DUE 2/ 1/99	9.85		
02/01/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	22.81		
02/01/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	25.00		
02/01/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	14.76		
02/01/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.00571/SH ON 1,120.43 SHARES DUE 2/ 1/99	6.39		
02/01/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 1/1/99 TO 1/31/99	9.03		
02/01/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00326/SH ON 1,278.02 SHARES DUE 2/ 1/99	4.17		

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 1/1/99 TO 1/31/99	11.64		
02/02/99	PURCHASED 103.65 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/ 2/99		103.65-	103.65
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99		33.34-	
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99	33.33-		
02/10/99	SOLD 66.67 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/10/99		66.67	66.67-
02/23/99	PURCHASED 147.456 SH THE ONE GROUP LARGE COMPANY VALUE FD TRADE DATE 2/22/99 147.456 SHARES AT $16.25		2,396.16-	2,396.16
02/23/99	PURCHASED 111.702 SH THE ONE GROUP DISCIPLINED VALUE FD TRADE DATE 2/22/99 111.702 SHARES AT $13.34		1,490.11-	1,490.11

BANK ONE.

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TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/23/99	PURCHASED 66.98 SH THE ONE GROUP VALUE GROWTH FD TRADE DATE 2/22/99 66.98 SHARES AT $14.00		937.72-	937.72
02/23/99	SOLD 73.39 SH THE ONE GROUP LARGE COMPANY GRWTH FD TRADE DATE 2/22/99 73.39 SHARES AT $24.78		1,818.61	1,367.99-
02/23/99	SOLD 155.458 SH THE ONE GROUP INCOME BOND FD TRADE DATE 2/22/99 155.458 SHARES AT $9.34		1,451.98	1,476.42-
02/23/99	SOLD 143.651 SH THE ONE GROUP GOVERNMENT BOND FD TRADE DATE 2/22/99 143.651 SHARES AT $10.08		1,448.00	1,437.76-
02/23/99	SOLD 105.4 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/23/99		105.40	105.40-

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/01/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.01331/SH ON 1,438.91 SHARES DUE 3/ 1/99	19.16		
03/01/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	22.77		
03/01/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	23.62		
03/01/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	13.92		
03/01/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.02196/SH ON 1,267.89 SHARES DUE 3/ 1/99	27.85		
03/01/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 2/1/99 TO 2/28/99	8.45		
03/01/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00693/SH ON 1,345.00 SHARES DUE 3/ 1/99	9.32		

BANK ONE.

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 2/1/99 TO 2/28/99	9.39		
03/02/99	PURCHASED 134.48 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/ 2/99		134.48-	134.48
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99		33.34-	
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99	33.33-		
03/10/99	SOLD 66.67 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/10/99		66.67	66.67-
03/17/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 3/1/99 TO 3/31/99	13.11		
03/17/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 3/1/99 TO 3/31/99	9.49		
03/18/99	DISTRIBUTED 291.22 SH THE ONE GROUP INTERMEDIATE BOND FD			2,816.00-

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	REVERSE SPLIT TO THE ONE GROUP INTERMEDIATE BOND FD CUSIP: 681937272			
03/18/99	RECEIVED 278.9596 SH THE ONE GROUP INTERMEDIATE BOND FD REVERSE SPLIT FROM THE ONE GROUP INTERMEDIATE BOND FD CUSIP: 681937272			2,816.00
03/18/99	PURCHASED 22.6 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/18/99		22.60-	22.60
03/19/99	17.9 % STOCK DIVIDEND ONE GROUP INCOME BOND FD 72.51 ADDITIONAL SHARES RECEIVED			
04/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00313/SH ON 1,345.00 SHARES DUE 4/ 1/99	4.21		
04/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 3/1/99 TO 3/31/99	18.08		
04/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND INTEREST COVERS 3/22/99 TO 3/31/99	6.09		

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND INTEREST COVERS 3/22/99 TO 3/31/99	4.82		
04/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.01422/SH ON 1,267.89 SHARES DUE 4/ 1/99	18.03		
04/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00600/SH ON 1,438.91 SHARES DUE 4/ 1/99	8.63		
04/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 3/1/99 TO 3/31/99	9.12		
04/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 3/1/99 TO 3/31/99	10.20		
04/05/99	PURCHASED 79.18 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/ 5/99		79.18-	79.18
04/07/99	CASH DISBURSEMENT PAID TO U S TREASURY DEPARTMENT FIDUCIARY FEDERAL INCOME TAX TAX DUE ON FORM 1041 FOR CALENDAR YEAR RETURN		589.00-	

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER TR | 12/31/98 THROUGH 12/31/99 | ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/07/99	SOLD 589 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/ 7/99		589.00	589.00-
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99		33.34-	
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99	33.33-		
04/12/99	CASH DISBURSEMENT PAID TO INTERNAL REVENUE SERVICE FIDUCIARY EST FED INCOME TAX FIRST QUARTER FEDERAL ESTIMATED TAX PAYMENT		1,972.00-	
04/12/99	CASH DISBURSEMENT PAID TO WISCONSIN DEPT OF REVENUE FIDUCIARY EST STATE TAX INSTALLMENT ON WI FIDUCIARY INC TAX		87.00-	
04/12/99	SOLD 2,102.77 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/12/99		2,102.77	2,102.77-
05/03/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00201/SH ON 1,345.00 SHARES DUE 5/ 3/99	2.71		

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/03/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	17.86		
05/03/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	18.23		
05/03/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	14.23		
05/03/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00682/SH ON 1,267.89 SHARES DUE 5/ 3/99	8.65		
05/03/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00852/SH ON 1,438.91 SHARES DUE 5/ 3/99	12.26		
05/03/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	8.69		
05/03/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 4/1/99 TO 4/30/99	3.29		

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/04/99	PURCHASED 63.02 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/ 4/99		63.02-	63.02
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99		33.34-	
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99	33.33-		
05/12/99	SOLD 63.02 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/12/99		63.02	63.02-
05/18/99	SOLD 76.665 SH ONE GROUP LARGE CAP VALUE FUND TRADE DATE 5/17/99 76.665 SHARES AT $17.87		1,370.00	1,262.67-
05/18/99	PURCHASED 1,366.35 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/18/99		1,366.35-	1,366.35
06/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00904/SH ON 1,345.00 SHARES DUE 6/ 1/99	12.16		

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BANK ONE.

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	18.23		
06/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	18.89		
06/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	14.74		
06/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.03340/SH ON 1,191.22 SHARES DUE 6/ 1/99	39.79		
06/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01005/SH ON 1,438.91 SHARES DUE 6/ 1/99	14.46		
06/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	8.85		
06/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 5/1/99 TO 5/31/99	2.45		

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/02/99	PURCHASED 129.57 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/ 2/99		129.57-	129.57
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99		33.34-	
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99	33.33-		
06/14/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/14/99		66.67	66.67-
07/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	18.49		
07/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	18.15		
07/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	14.40		
07/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00849/SH ON 1,191.22 SHARES DUE 7/ 1/99	10.11		

BANK ONE.

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00714/SH ON 1,438.91 SHARES DUE 7/ 1/99	10.27		
07/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	8.75		
07/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 6/1/99 TO 6/30/99	5.46		
07/02/99	PURCHASED 85.63 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/ 2/99		85.63-	85.63
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99		33.34-	
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99	33.33-		
07/12/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/12/99		66.67	66.67-

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/21/99	PURCHASED 135.716 SH ONE GROUP BOND FUND TRADE DATE 7/20/99 135.716 SHARES AT $10.41		1,412.80-	1,412.80
07/21/99	PURCHASED 15.537 SH ONE GROUP SMALL CAP VALUE FUND TRADE DATE 7/20/99 15.537 SHARES AT $14.24		221.24-	221.24
07/21/99	SOLD 152.287 SH ONE GROUP SMALL CAP GROWTH FUND TRADE DATE 7/20/99 152.287 SHARES AT $10.73		1,634.04	1,951.30-
08/02/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	2.52		
08/02/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00239/SH ON 1,345.00 SHARES DUE 8/ 2/99	3.22		
08/02/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	18.32		

BANK ONE.

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/02/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	18.84		
08/02/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	14.13		
08/02/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00484/SH ON 1,191.22 SHARES DUE 8/ 2/99	5.76		
08/02/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00635/SH ON 1,438.91 SHARES DUE 8/ 2/99	9.13		
08/02/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	9.05		
08/02/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 7/1/99 TO 7/31/99	5.85		
08/03/99	PURCHASED 86.82 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/ 3/99		86.82-	86.82

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99		33.34-	
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99	33.33-		
08/12/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/12/99		66.67	66.67-
09/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	7.15		
09/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00493/SH ON 1,345.00 SHARES DUE 9/ 1/99	6.63		
09/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	18.55		
09/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	18.77		
09/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	14.00		

BANK ONE.

TRANSACTION DETAIL

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.02101/SH ON 1,191.22 SHARES DUE 9/ 1/99	25.02		
09/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01009/SH ON 1,438.91 SHARES DUE 9/ 1/99	14.52		
09/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	8.99		
09/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 8/1/99 TO 8/31/99	6.04		
09/02/99	PURCHASED 119.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/ 2/99		119.67-	119.67
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99		33.34-	
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99	33.33-		

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/13/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/13/99		66.67	66.67-
10/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	7.18		
10/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00470/SH ON 1,345.00 SHARES DUE 10/ 1/99	6.32		
10/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	18.56		
10/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	18.51		
10/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	14.11		
10/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.01230/SH ON 1,191.22 SHARES DUE 10/ 1/99	14.65		

BANK ONE.

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01134/SH ON 1,438.91 SHARES DUE 10/ 1/99	16.32		
10/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	8.85		
10/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 9/1/99 TO 9/30/99	6.31		
10/04/99	PURCHASED 110.81 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/ 4/99		110.81-	110.81
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99		33.34-	
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99	33.33-		
10/12/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/12/99		66.67	66.67-

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/19/99	PURCHASED 192.105 SH ONE GROUP SMALL CAP VALUE FUND TRADE DATE 10/18/99 192.105 SHARES AT $12.45		2,391.71-	2,391.71
10/19/99	PURCHASED 100.962 SH ONE GROUP LARGE CAP VALUE FUND TRADE DATE 10/18/99 100.962 SHARES AT $15.73		1,588.14-	1,588.14
10/19/99	PURCHASED 210.56 SH ONE GROUP INCOME BOND FUND TRADE DATE 10/18/99 210.56 SHARES AT $7.53		1,585.52-	1,585.52
10/19/99	SOLD 239.499 SH ONE GROUP GOVERNMENT BOND FUND TRADE DATE 10/18/99 239.499 SHARES AT $9.52		2,280.03	2,255.84-
10/19/99	SOLD 150.672 SH ONE GROUP INTERMEDIATE BOND FUND TRADE DATE 10/18/99 150.672 SHARES AT $10.11		1,523.29	1,535.18-

BANK ONE.

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/19/99	SOLD 133.378 SH ONE GROUP SMALL CAP GROWTH FUND TRADE DATE 10/18/99 133.378 SHARES AT $10.06		1,341.78	1,426.25-
10/19/99	SOLD 18.162 SH ONE GROUP MID CAP GROWTH FUND TRADE DATE 10/18/99 18.162 SHARES AT $23.14		420.27	341.52-
11/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	7.35		
11/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	13.53		
11/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	22.35		
11/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	11.06		

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00339/SH ON 1,292.18 SHARES DUE 11/ 1/99	4.38		
11/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00363/SH ON 1,438.91 SHARES DUE 11/ 1/99	5.22		
11/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	9.12		
11/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 10/1/99 TO 10/31/99	6.85		
11/02/99	PURCHASED 79.86 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/ 2/99		79.86-	79.86
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99		33.34-	
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99	33.33-		

BANK ONE.

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ROBERT ALAN SENSENBRENNER TR | 12/31/98 THROUGH 12/31/99 | ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/12/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/12/99		66.67	66.67-
12/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	7.28		
12/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	6.62		
12/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	26.42		
12/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	6.61		
12/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	8.97		
12/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 11/1/99 TO 11/30/99	6.96		

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/02/99	PURCHASED 62.86 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 2/99		62.86-	62.86
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		1,077.04	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		96.53	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP INTERNATIONAL EQTY INDX FD		135.24	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP INTERNATIONAL EQTY INDX FD		41.96	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP GROWTH FUND		2,680.50	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP GROWTH FUND		130.12	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP VALUE FUND		1,633.40	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP VALUE FUND		288.62	

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		1,600.13	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		1,799.81	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP VALUE FUND		1,560.97	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP VALUE FUND		307.32	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP SMALL CAP GROWTH FUND		132.22	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP SMALL CAP GROWTH FUND		85.57	
12/08/99	PURCHASED 11,569.43 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 8/99		11,569.43-	11,569.43
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99		33.34-	
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99	33.33-		

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/13/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/13/99		66.67	66.67-
12/20/99	PURCHASED 241.272 SH ONE GROUP MID CAP VALUE FUND TRADE DATE 12/17/99 241.272 SHARES AT $12.26		2,958.00-	2,958.00
12/20/99	PURCHASED 121.332 SH ONE GROUP LARGE CAP VALUE FUND TRADE DATE 12/17/99 121.332 SHARES AT $15.61		1,894.00-	1,894.00
12/20/99	PURCHASED 112.149 SH ONE GROUP DIVERSIFIED EQUITY FUND TRADE DATE 12/17/99 112.149 SHARES AT $14.24		1,597.00-	1,597.00
12/20/99	PURCHASED 30.395 SH ONE GROUP MID CAP GROWTH FUND TRADE DATE 12/17/99 30.395 SHARES AT $24.28		738.00-	738.00
12/20/99	PURCHASED 19.49 SH ONE GROUP LARGE CAP GROWTH FUND TRADE DATE 12/17/99 19.49 SHARES AT $25.86		504.00-	504.00

BANK ONE.

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/20/99	PURCHASED 17.557 SH ONE GROUP SMALL CAP GROWTH FUND TRADE DATE 12/17/99 17.557 SHARES AT $10.48		184.00-	184.00
12/20/99	PURCHASED 10.071 SH ONE GROUP SMALL CAP VALUE FUND TRADE DATE 12/17/99 10.071 SHARES AT $12.61		127.00-	127.00
12/20/99	SOLD 8,002 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/20/99		8,002.00	8,002.00-
12/29/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	7.35		
12/29/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00844/SH ON 1,457.15 SHARES DUE 12/29/99	12.30		
12/29/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	6.74		
12/29/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	27.65		

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/29/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	6.62		
12/29/99	INCOME ON ONE GROUP INTERNATIONAL EQTY INDX FD $ 0.04983/SH ON 613.14 SHARES DUE 12/29/99	30.55		
12/29/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.02491/SH ON 1,413.52 SHARES DUE 12/29/99	35.21		
12/29/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.02279/SH ON 1,680.18 SHARES DUE 12/29/99	38.29		
12/29/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	9.21		
12/30/99	PURCHASED 173.92 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/30/99		173.92-	173.92
12/31/99	CASH DISBURSEMENT TRANSFER TO PRINCIPAL	1,233.98-		

BANK ONE.

ROBERT ALAN SENSENBRENNER TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031510

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/31/99	CASH RECEIPT TRANSFER FROM INCOME		1,233.98	
12/31/99	ENDING BALANCES	0.00	0.00	109,371.52

INCOME CASH	+	PRINCIPAL CASH	=	NET CASH
0.00		0.00		0.00

INVESTMENT REVIEW

ROBERT ALAN SENSENBRENNER TR

SUMMARY OF ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572031510

DESCRIPTION	TAX COST	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	YIELD AT MARKET
CASH EQUIVALENTS	5,316.23	5,316.23	3.60	290.61	5.47
MUTUAL FUNDS - FIXED INCOME	11,187.71	10,974.71	7.44	676.95	6.17
COMMON & MUTUAL FUNDS - EQUITIES	92,867.58	131,300.13	88.96	497.05	0.38
TOTAL ACCOUNT	109,371.52	147,591.07	100.00	1,464.61	0.99

ROBERT ALAN SENSENBRENNER TR — DETAIL OF ASSETS AS OF 12/31/99 — ACCOUNT NUMBER: 9572031510

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
	CASH						
0.00	INCOME CASH	0.00		0.00	0.00		
0.00	PRINCIPAL CASH	0.00		0.00	0.00		
0.00	NET CASH	0.00		0.00	0.00		
	CASH EQUIVALENTS						
5,316.23	ONE GROUP PRIME MONEY MARKET FUND	5,316.23	1.00	5,316.23	3.60	290.61	5.47
	MUTUAL FUNDS - FIXED INCOME						
135.72	ONE GROUP BOND FUND	1,412.80	10.02	1,359.87	0.92	86.31	6.35
136.34	ONE GROUP GOVERNMENT BOND FUND	1,237.97	9.46	1,289.78	0.87	78.82	6.11
688.13	ONE GROUP INCOME BOND FUND	5,332.41	7.48	5,147.18	3.49	325.51	6.32

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
128.29	ONE GROUP INTERMEDIATE BOND FUND	1,280.82	10.05	1,289.29	0.87	78.33	6.08
183.54	ONE GROUP SHORT-TERM BOND FUND	1,923.71	10.29	1,888.59	1.28	107.98	5.72
	TOTAL MUTUAL FUNDS - FIXED INCOME	11,187.71		10,974.71	7.44	676.95	6.17
	COMMON & MUTUAL FUNDS - EQUITIES						
1,457.15	ONE GROUP DIVERSIFIED EQUITY FUND	15,800.33	14.75	21,492.96	14.56	65.34	0.30
613.14	ONE GROUP INTERNATIONAL EQTY INDX FD	8,382.49	22.65	13,887.51	9.41	30.55	0.22
860.7	ONE GROUP LARGE CAP GROWTH FUND	10,739.75	26.69	22,971.95	15.56	0.00	0.00
1,413.52	ONE GROUP LARGE CAP VALUE FUND	17,924.30	16.20	22,898.96	15.52	221.98	0.97
862.87	ONE GROUP MID CAP GROWTH FUND	13,699.84	25.95	22,391.40	15.17	0.00	0.00
1,680.18	ONE GROUP MID CAP VALUE FUND	21,292.35	12.97	21,791.92	14.77	179.18	0.82

ROBERT ALAN SENSENBRENNER TR — DETAIL OF ASSETS AS OF 12/31/99 — ACCOUNT NUMBER: 9572031510

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
265.75	ONE GROUP SMALL CAP GROWTH FUND	2,288.57	11.29	3,000.33	2.03	0.00	0.00
217.71	ONE GROUP SMALL CAP VALUE FUND	2,739.95	13.16	2,865.10	1.94	0.00	0.00
	TOTAL COMMON & MUTUAL FUNDS - EQUITIES	92,867.58		131,300.13	88.96	497.05	0.38
	TOTAL ACCOUNT	109,371.52		147,591.07	100.00	1,464.61	0.99

ROBERT ALAN SENSENBRENNER TR

DETAIL OF PENDING ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572031510

PENDING TRADES: NONE

BANK ONE.

BANK ONE TRUST COMPANY, NA
111 E WISCONSIN AVE
MILWAUKEE, WI 53202

STATEMENT OF ACCOUNT
FOR PERIOD 01/01/99 THROUGH 12/31/99

F JAMES SENSENBRENNER III TR

ACCOUNT NUMBER 9572031010

FOR ASSISTANCE, PLEASE CONTACT
LYNN E PAULL
(414) 765-2751

Filed in trust.
Son in bene.

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F JAMES SENSENBRENNER JR
609 FORT WILLIAMS PKWY
ALEXANDRIA VA 22304-1813

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BANK ONE

STATEMENT MESSAGES

ACCOUNT NO. 9572031010 F JAMES SENSENBRENNER III TR

MUTUAL FUNDS, INCLUDING PROPRIETARY MUTUAL FUNDS, AND VARIOUS OTHER MARKETABLE SECURITIES ARE NOT INSURED OR GUARANTEED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER GOVERNMENT SPONSORED AGENCY OF THE FEDERAL GOVERNMENT OR ANY STATE. ALL INVOLVE INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED. "THE ONE GROUP" FUNDS ARE NOT DEPOSITS OR OBLIGATIONS OF, AND ARE NOT GUARANTEED BY, BANK ONE CORPORATION OR ITS BANK OR NON-BANK AFFILIATES.

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ALTHOUGH MARKET VALUES AND PRICES HAVE BEEN OBTAINED FROM SOURCES WE BELIEVE TO BE RELIABLE, WE DO NOT GUARANTEE THEIR ACCURACY. CERTAIN FIXED INCOME SECURITIES AND ASSETS THAT ARE NOT PUBLICLY OR FREQUENTLY TRADED CANNOT BE READILY PRICED.

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THIS STATEMENT IS NOT AN OFFICIAL DOCUMENT FOR INCOME TAX REPORTING PURPOSES.

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TRANSACTION SUMMARY

F JAMES SENSENBRENNER III TR — 12/31/98 THROUGH 12/31/99 — ACCOUNT NUMBER 9572031010

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
BEGINNING BALANCES 12/31/98	0.00	0.00	97,483.89
CASH RECEIPTS			
NET INTEREST	87.31		
NET DIVIDENDS	1,513.37	11,392.18	
OTHER CASH RECEIPTS		1,209.05	
TOTAL CASH RECEIPTS	1,600.68	12,601.23	0.00
CASH DISBURSEMENTS			
FIDUCIARY INCOME TAXES		2,602.00-	
ADMINISTRATIVE EXPENSES	391.63-	391.74-	
OTHER DISBURSEMENTS	1,209.05-		
TOTAL CASH DISBURSEMENTS	1,600.68-	2,993.74-	0.00
INVESTMENT TRANSACTIONS			
PURCHASES		23,907.53-	23,907.53
SALES/MATURITIES		16,417.70	15,787.47-
DISTRIBUTIONS IN KIND			2,773.89-
ASSETS RECEIVED IN KIND			2,773.89

BANK ONE

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TRANSACTION SUMMARY

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
NET PURCHASES/SALES			
CASH MANAGEMENT VEHICLE		2,117.66-	2,117.66
TOTAL INVESTMENT TRANSACTIONS		9,607.49-	10,237.72
ENDING BALANCES 12/31/99	0.00	0.00	107,721.61

TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/31/98	BEGINNING BALANCES	0.00	0.00	97,483.89
01/04/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.01111/SH ON 1,287.94 SHARES DUE 1/ 4/99	14.31		
01/04/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	19.31		
01/04/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	21.37		
01/04/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 12/1/98 TO 12/31/98	14.83		
01/04/99	INCOME ON THE ONE GROUP INTL EQUITY INDEX FD $ 0.38744/SH ON 603.70 SHARES DUE 1/ 4/99	233.90		
01/04/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.01442/SH ON 1,008.45 SHARES DUE 1/ 4/99	14.54		
01/04/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 12/1/98 TO 12/31/98	9.12		

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/04/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00299/SH ON 1,258.39 SHARES DUE 1/ 4/99	3.77		
01/04/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 12/1/98 TO 12/31/98	14.03		
01/05/99	PURCHASED 345.18 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/ 5/99		345.18-	345.18
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98		25.00-	
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98	25.00-		
01/11/99	SOLD 50 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/11/99		50.00	50.00-
01/12/99	PURCHASED 94.782 SH THE ONE GROUP LARGE COMPANY VALUE FD TRADE DATE 1/11/99 94.782 SHARES AT $16.47		1,561.06-	1,561.06

TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR

12/31/98 THROUGH 12/31/99

ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/12/99	PURCHASED 118.314 SH THE ONE GROUP GOVERNMENT BOND FD TRADE DATE 1/11/99 118.314 SHARES AT $10.12		1,197.34-	1,197.34
01/12/99	PURCHASED 111.223 SH THE ONE GROUP INCOME BOND FD TRADE DATE 1/11/99 111.223 SHARES AT $9.39		1,044.38-	1,044.38
01/12/99	PURCHASED 18.598 SH THE ONE GROUP DISCIPLINED VALUE FD TRADE DATE 1/11/99 18.598 SHARES AT $14.37		267.25-	267.25
01/12/99	SOLD 145.318 SH THE ONE GROUP GRWTH OPPORTUNITIES FD TRADE DATE 1/11/99 145.318 SHARES AT $22.93		3,332.15	2,920.88-
01/12/99	SOLD 737.88 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 1/12/99		737.88	737.88-

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TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/01/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.00742/SH ON 1,306.53 SHARES DUE 2/ 1/99	9.69		
02/01/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	22.47		
02/01/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	24.61		
02/01/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 1/1/99 TO 1/31/99	14.52		
02/01/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.00571/SH ON 1,103.23 SHARES DUE 2/ 1/99	6.30		
02/01/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 1/1/99 TO 1/31/99	8.83		
02/01/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00326/SH ON 1,258.39 SHARES DUE 2/ 1/99	4.10		

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 1/1/99 TO 1/31/99	11.46		
02/02/99	PURCHASED 101.98 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/ 2/99		101.98-	101.98
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99		33.34-	
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99	33.33-		
02/10/99	SOLD 66.67 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/10/99		66.67	66.67-
02/23/99	PURCHASED 145.174 SH THE ONE GROUP LARGE COMPANY VALUE FD TRADE DATE 2/22/99 145.174 SHARES AT $16.25		2,359.08-	2,359.08
02/23/99	PURCHASED 110.254 SH THE ONE GROUP DISCIPLINED VALUE FD TRADE DATE 2/22/99 110.254 SHARES AT $13.34		1,470.79-	1,470.79

BANK ONE.

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/23/99	PURCHASED 65.554 SH THE ONE GROUP VALUE GROWTH FD TRADE DATE 2/22/99 65.554 SHARES AT $14.00		917.76-	917.76
02/23/99	SOLD 72.238 SH THE ONE GROUP LARGE COMPANY GRWTH FD TRADE DATE 2/22/99 72.238 SHARES AT $24.78		1,790.07	1,346.51-
02/23/99	SOLD 153.081 SH THE ONE GROUP INCOME BOND FD TRADE DATE 2/22/99 153.081 SHARES AT $9.34		1,429.78	1,452.76-
02/23/99	SOLD 141.451 SH THE ONE GROUP GOVERNMENT BOND FD TRADE DATE 2/22/99 141.451 SHARES AT $10.08		1,425.83	1,415.75-
02/23/99	SOLD 101.95 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 2/23/99		101.95	101.95-

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/01/99	INCOME ON THE ONE GROUP DISCIPLINED VALUE FD $ 0.01331/SH ON 1,416.79 SHARES DUE 3/ 1/99	18.86		
03/01/99	DIVIDEND ON THE ONE GROUP GOVERNMENT BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	22.41		
03/01/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	23.26		
03/01/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 2/1/99 TO 2/28/99	13.74		
03/01/99	INCOME ON THE ONE GROUP LARGE COMPANY VALUE FD $ 0.02196/SH ON 1,248.40 SHARES DUE 3/ 1/99	27.42		
03/01/99	DIVIDEND ON THE ONE GROUP LTD VOLATILITY BD FD DIVIDEND FROM 2/1/99 TO 2/28/99	8.37		
03/01/99	INCOME ON THE ONE GROUP VALUE GROWTH FD $ 0.00693/SH ON 1,323.95 SHARES DUE 3/ 1/99	9.18		

BANK ONE.

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
03/01/99	INCOME THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 2/1/99 TO 2/28/99	9.24		
03/02/99	PURCHASED 132.48 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/ 2/99		132.48-	132.48
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99		33.34-	
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99	33.33-		
03/10/99	SOLD 66.67 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/10/99		66.67	66.67-
03/17/99	DIVIDEND ON THE ONE GROUP INCOME BOND FD DIVIDEND FROM 3/1/99 TO 3/31/99	12.90		
03/17/99	DIVIDEND ON THE ONE GROUP INTERMEDIATE BOND FD DIVIDEND FROM 3/1/99 TO 3/31/99	9.33		
03/18/99	DISTRIBUTED 286.78 SH THE ONE GROUP INTERMEDIATE BOND FD			2,773.89-

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	REVERSE SPLIT TO THE ONE GROUP INTERMEDIATE BOND FD CUSIP: 681937272			
03/18/99	RECEIVED 274.7066 SH THE ONE GROUP INTERMEDIATE BOND FD REVERSE SPLIT FROM THE ONE GROUP INTERMEDIATE BOND FD CUSIP: 681937272			2,773.89
03/18/99	PURCHASED 22.23 DOLLARS THE ONE GROUP PRIME MONEY MKT FD TRADE DATE 3/18/99		22.23-	22.23
03/19/99	17.9 % STOCK DIVIDEND ONE GROUP INCOME BOND FD 71.39 ADDITIONAL SHARES RECEIVED			
04/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00313/SH ON 1,323.95 SHARES DUE 4/ 1/99	4.14		
04/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 3/1/99 TO 3/31/99	17.82		
04/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND INTEREST COVERS 3/22/99 TO 3/31/99	6.00		

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND INTEREST COVERS 3/22/99 TO 3/31/99	4.73		
04/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.01422/SH ON 1,248.40 SHARES DUE 4/ 1/99	17.75		
04/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00600/SH ON 1,416.70 SHARES DUE 4/ 1/99	8.50		
04/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 3/1/99 TO 3/31/99	9.05		
04/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 3/1/99 TO 3/31/99	10.04		
04/05/99	PURCHASED 78.03 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/ 5/99		78.03-	78.03
04/07/99	CASH DISBURSEMENT PAID TO U S TREASURY DEPARTMENT FIDUCIARY FEDERAL INCOME TAX TAX DUE ON FORM 1041 FOR CALENDAR YEAR RETURN		580.00-	

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/07/99	SOLD 580 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/ 7/99		580.00	580.00-
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99		33.34-	
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99	33.33-		
04/12/99	CASH DISBURSEMENT PAID TO INTERNAL REVENUE SERVICE FIDUCIARY EST FED INCOME TAX FIRST QUARTER FEDERAL ESTIMATED TAX PAYMENT		1,936.00-	
04/12/99	CASH DISBURSEMENT PAID TO WISCONSIN DEPT OF REVENUE FIDUCIARY EST STATE TAX INSTALLMENT ON WI FIDUCIARY INC TAX		86.00-	
04/12/99	SOLD 2,069.49 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 4/12/99		2,069.49	2,069.49-
05/03/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00201/SH ON 1,323.95 SHARES DUE 5/ 3/99	2.67		

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/03/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	17.60		
05/03/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	17.97		
05/03/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	13.98		
05/03/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00682/SH ON 1,248.40 SHARES DUE 5/ 3/99	8.52		
05/03/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00852/SH ON 1,416.79 SHARES DUE 5/ 3/99	12.08		
05/03/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 4/1/99 TO 4/30/99	8.52		
05/03/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 4/1/99 TO 4/30/99	3.24		

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TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR

12/31/98 THROUGH 12/31/99

ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/04/99	PURCHASED 65.4 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/ 4/99		65.40-	65.40
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99		33.34-	
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99	33.33-		
05/12/99	SOLD 65.4 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/12/99		65.40	65.40-
05/18/99	SOLD 75.546 SH ONE GROUP LARGE CAP VALUE FUND TRADE DATE 5/17/99 75.546 SHARES AT $17.87		1,350.00	1,244.24-
05/18/99	PURCHASED 1,348.73 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 5/18/99		1,348.73-	1,348.73
06/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00904/SH ON 1,323.95 SHARES DUE 6/ 1/99	11.97		

BANK ONE

4201

TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	17.94		
06/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	18.59		
06/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	14.49		
06/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.03340/SH ON 1,172.85 SHARES DUE 6/ 1/99	39.17		
06/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01005/SH ON 1,416.79 SHARES DUE 6/ 1/99	14.24		
06/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 5/1/99 TO 5/31/99	8.75		
06/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 5/1/99 TO 5/31/99	2.42		

4202

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/02/99	PURCHASED 127.57 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/ 2/99		127.57-	127.57
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99		33.34-	
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99	33.33-		
06/14/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 6/14/99		66.67	66.67-
07/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	18.20		
07/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	17.87		
07/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	14.23		
07/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00849/SH ON 1,172.85 SHARES DUE 7/ 1/99	9.96		

BANK ONE.

4203

TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00714/SH ON 1,416.79 SHARES DUE 7/ 1/99	10.11		
07/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 6/1/99 TO 6/30/99	8.61		
07/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 6/1/99 TO 6/30/99	5.38		
07/02/99	PURCHASED 84.36 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/ 2/99		84.36-	84.36
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99		33.34-	
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99	33.33-		
07/12/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 7/12/99		66.67	66.67-

TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/21/99	PURCHASED 133.631 SH ONE GROUP BOND FUND TRADE DATE 7/20/99 133.631 SHARES AT $10.41		1,391.10-	1,391.10
07/21/99	PURCHASED 15.706 SH ONE GROUP SMALL CAP VALUE FUND TRADE DATE 7/20/99 15.706 SHARES AT $14.24		223.65-	223.65
07/21/99	SOLD 150.489 SH ONE GROUP SMALL CAP GROWTH FUND TRADE DATE 7/20/99 150.489 SHARES AT $10.73		1,614.75 -	1,931.19-
08/02/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	2.49		
08/02/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00239/SH ON 1,321.95 SHARES DUE 8/ 2/99	3.17		
08/02/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	18.05		

4205

BANK ONE.

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/02/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	18.55		
08/02/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	13.91		
08/02/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00484/SH ON 1,172.85 SHARES DUE 8/ 2/99	5.68		
08/02/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00635/SH ON 1,416.79 SHARES DUE 8/ 2/99	8.99		
08/02/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 7/1/99 TO 7/31/99	8.94		
08/02/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 7/1/99 TO 7/31/99	5.76		
08/03/99	PURCHASED 85.54 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/ 3/99		85.54-	85.54

4206

TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99		33.34-	
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99	33.33-		
08/12/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 8/12/99		66.67	66.67-
09/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	7.09		
09/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00493/SH ON 1,323.95 SHARES DUE 9/ 1/99	6.53		
09/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	18.27		
09/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	18.50		
09/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	13.81		

4207

BANK ONE

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.02101/SH ON 1,172.85 SHARES DUE 9/ 1/99	24.64		
09/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01009/SH ON 1,416.79 SHARES DUE 9/ 1/99	14.30		
09/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 8/1/99 TO 8/31/99	8.91		
09/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 8/1/99 TO 8/31/99	5.95		
09/02/99	PURCHASED 118 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/ 2/99		118.00-	118.00
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99		33.34-	
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99	33.33-		

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
09/13/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 9/13/99		66.67	66.67-
10/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	7.07		
10/01/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00470/SH ON 1,323.95 SHARES DUE 10/ 1/99	6.22		
10/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	18.26		
10/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	18.22		
10/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	13.85		
10/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.01230/SH ON 1,172.85 SHARES DUE 10/ 1/99	14.42		

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.01134/SH ON 1,416.79 SHARES DUE 10/ 1/99	16.07		
10/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 9/1/99 TO 9/30/99	8.71		
10/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 9/1/99 TO 9/30/99	6.21		
10/04/99	PURCHASED 109.03 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/ 4/99		109.03-	109.03
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99		33.34-	
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99	33.33-		
10/12/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 10/12/99		66.67	66.67-

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/19/99	PURCHASED 188.734 SH ONE GROUP SMALL CAP VALUE FUND TRADE DATE 10/18/99 188.734 SHARES AT $12.45		2,349.74-	2,349.74
10/19/99	PURCHASED 99.449 SH ONE GROUP LARGE CAP VALUE FUND TRADE DATE 10/18/99 99.449 SHARES AT $15.73		1,564.33-	1,564.33
10/19/99	PURCHASED 207.311 SH ONE GROUP INCOME BOND FUND TRADE DATE 10/18/99 207.311 SHARES AT $7.53		1,561.05-	1,561.05
10/19/99	SOLD 235.82 SH ONE GROUP GOVERNMENT BOND FUND TRADE DATE 10/18/99 235.82 SHARES AT $9.52		2,245.01	2,221.19-
10/19/99	SOLD 148.393 SH ONE GROUP INTERMEDIATE BOND FUND TRADE DATE 10/18/99 148.393 SHARES AT $10.11		1,500.25	1,512.17-

BANK ONE.

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/19/99	SOLD 131.321 SH ONE GROUP SMALL CAP GROWTH FUND TRADE DATE 10/18/99 131.321 SHARES AT $10.06		1,321.09	1,410.90-
10/19/99	SOLD 17.665 SH ONE GROUP MID CAP GROWTH FUND TRADE DATE 10/18/99 17.665 SHARES AT $23.14		408.77	331.88-
11/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	7.19		
11/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	13.30		
11/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	22.01		
11/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	10.93		

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F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/01/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.00339/SH ON 1,272.30 SHARES DUE 11/ 1/99	4.31		
11/01/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.00363/SH ON 1,416.79 SHARES DUE 11/ 1/99	5.14		
11/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 10/1/99 TO 10/31/99	8.97		
11/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 10/1/99 TO 10/31/99	6.74		
11/02/99	PURCHASED 78.59 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/ 2/99		78.59-	78.59
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99		33.34-	
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99	33.33-		

BANK ONE.

4213

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/12/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 11/12/99		66.67	66.67-
12/01/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	7.17		
12/01/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	6.57		
12/01/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	26.00		
12/01/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	6.53		
12/01/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 11/1/99 TO 11/30/99	8.81		
12/01/99	INCOME ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 11/1/99 TO 11/30/99	6.84		

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/02/99	PURCHASED 61.92 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 2/99		61.92-	61.92
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		1,060.18	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		95.02	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP INTERNATIONAL EQTY INDX FD		133.15	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP INTERNATIONAL EQTY INDX FD		41.32	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP GROWTH FUND		2,639.30	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP GROWTH FUND		128.12	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP VALUE FUND		1,608.27	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP LARGE CAP VALUE FUND		284.18	

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		1,575.98	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		1,772.65	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP VALUE FUND		1,536.97	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP VALUE FUND		302.60	
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP SMALL CAP GROWTH FUND		130.19	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP SMALL CAP GROWTH FUND		84.25	
12/08/99	PURCHASED 11,392.18 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/ 8/99		11,392.18-	11,392.18
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99		33.34-	
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99	33.33-		

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/13/99	SOLD 66.67 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/13/99		66.67	66.67-
12/20/99	PURCHASED 239.641 SH ONE GROUP MID CAP VALUE FUND TRADE DATE 12/17/99 239.641 SHARES AT $12.26		2,938.00-	2,938.00
12/20/99	PURCHASED 121.012 SH ONE GROUP LARGE CAP VALUE FUND TRADE DATE 12/17/99 121.012 SHARES AT $15.61		1,889.00-	1,889.00
12/20/99	PURCHASED 112.36 SH ONE GROUP DIVERSIFIED EQUITY FUND TRADE DATE 12/17/99 112.36 SHARES AT $14.24		1,600.00-	1,600.00
12/20/99	PURCHASED 30.601 SH ONE GROUP MID CAP GROWTH FUND TRADE DATE 12/17/99 30.601 SHARES AT $24.28		743.00-	743.00
12/20/99	PURCHASED 20.031 SH ONE GROUP LARGE CAP GROWTH FUND TRADE DATE 12/17/99 20.031 SHARES AT $25.86		518.00-	518.00

BANK ONE.

TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/20/99	PURCHASED 17.462 SH ONE GROUP SMALL CAP GROWTH FUND TRADE DATE 12/17/99 17.462 SHARES AT $10.48		183.00-	183.00
12/20/99	PURCHASED 10.23 SH ONE GROUP SMALL CAP VALUE FUND TRADE DATE 12/17/99 10.23 SHARES AT $12.61		129.00-	129.00
12/20/99	SOLD 8,000 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/20/99		8,000.00	8,000.00-
12/29/99	DIVIDEND ON ONE GROUP BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	7.19		
12/29/99	INCOME ON ONE GROUP DIVERSIFIED EQUITY FUND $ 0.00844/SH ON 1,436.31 SHARES DUE 12/29/99	12.13		
12/29/99	DIVIDEND ON ONE GROUP GOVERNMENT BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	6.56		
12/29/99	DIVIDEND ON ONE GROUP INCOME BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	27.21		

TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/29/99	DIVIDEND ON ONE GROUP INTERMEDIATE BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	6.55		
12/29/99	INCOME ON ONE GROUP INTERNATIONAL EQTY INDX FD $ 0.04983/SH ON 603.70 SHARES DUE 12/29/99	30.08		
12/29/99	INCOME ON ONE GROUP LARGE CAP VALUE FUND $ 0.02491/SH ON 1,393.32 SHARES DUE 12/29/99	34.71		
12/29/99	INCOME ON ONE GROUP MID CAP VALUE FUND $ 0.02279/SH ON 1,656.43 SHARES DUE 12/29/99	37.75		
12/29/99	DIVIDEND ON ONE GROUP SHORT-TERM BOND FUND DIVIDEND FROM 12/1/99 TO 12/31/99	9.01		
12/30/99	PURCHASED 171.19 DOLLARS ONE GROUP PRIME MONEY MARKET FUND TRADE DATE 12/30/99		171.19-	171.19
12/31/99	CASH DISBURSEMENT TRANSFER TO PRINCIPAL	1,209.05-		

BANK ONE.

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TRANSACTION DETAIL

F JAMES SENSENBRENNER III TR 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572031010

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/31/99	CASH RECEIPT TRANSFER FROM INCOME		1,209.05	
12/31/99	ENDING BALANCES	0.00	0.00	197,721.61

INCOME CASH	+	PRINCIPAL CASH	=	NET CASH
0.00		0.00		0.00

F JAMES SENSENBRENNER III TR

INVESTMENT REVIEW

SUMMARY OF ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572031010

DESCRIPTION	TAX COST	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	YIELD AT MARKET
CASH EQUIVALENTS	5,110.42	5,110.42	3.52	279.36	5.47
MUTUAL FUNDS - FIXED INCOME	11,015.82	10,806.15	7.44	666.55	6.17
COMMON & MUTUAL FUNDS - EQUITIES	91,595.37	129,408.09	89.05	489.95	0.38
TOTAL ACCOUNT	107,721.61	145,324.66	100.00	1,435.86	0.99

BANK ONE.

4221

INVESTMENT REVIEW

F JAMES SENSENBRENNER III TR — DETAIL OF ASSETS AS OF 12/31/99 — ACCOUNT NUMBER: 9572031010

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
	CASH						
0.00	INCOME CASH	0.00		0.00	0.00		
0.00	PRINCIPAL CASH	0.00		0.00	0.00		
0.00	NET CASH	0.00		0.00	0.00		
	CASH EQUIVALENTS						
5,110.42	ONE GROUP PRIME MONEY MARKET FUND	5,110.42	1.00	5,110.42	3.52	279.36	5.47
	MUTUAL FUNDS - FIXED INCOME						
133.63	ONE GROUP BOND FUND	1,391.10	10.02	1,338.98	0.92	84.98	6.35
134.24	ONE GROUP GOVERNMENT BOND FUND	1,218.92	9.46	1,269.94	0.87	77.61	6.11
677.54	ONE GROUP INCOME BOND FUND	5,249.69	7.48	5,067.99	3.49	320.51	6.32

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SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
126.31	ONE GROUP INTERMEDIATE BOND FUND	1,261.72	10.05	1,269.45	0.87	77.12	6.08
180.74	ONE GROUP SHORT-TERM BOND FUND	1,894.39	10.29	1,859.79	1.28	106.33	5.72
	TOTAL MUTUAL FUNDS - FIXED INCOME	11,015.82		10,806.15	7.44	666.55	6.17
	COMMON & MUTUAL FUNDS - EQUITIES						
1,436.31	ONE GROUP DIVERSIFIED EQUITY FUND	15,578.91	14.75	21,185.54	14.58	64.41	0.30
603.7	ONE GROUP INTERNATIONAL EQTY INDX FD	8,266.41	22.65	13,673.71	9.41	30.08	0.22
848.31	ONE GROUP LARGE CAP GROWTH FUND	10,634.01	26.69	22,641.31	15.58	0.00	0.00
1,393.32	ONE GROUP LARGE CAP VALUE FUND	17,670.77	16.20	22,571.72	15.53	218.81	0.97
850.51	ONE GROUP MID CAP GROWTH FUND	13,509.16	25.95	22,070.73	15.19	0.00	0.00
1,656.43	ONE GROUP MID CAP VALUE FUND	20,979.97	12.97	21,483.88	14.78	176.65	0.82

BANK ONE.

INVESTMENT REVIEW

F JAMES SENSENBRENNER III TR

DETAIL OF ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572031010

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
261.84	ONE GROUP SMALL CAP GROWTH FUND	2,253.75	11.29	2,956.14	2.03	0.00	0.00
214.67	ONE GROUP SMALL CAP VALUE FUND	2,702.39	13.16	2,825.06	1.94	0.00	0.00
TOTAL COMMON & MUTUAL FUNDS - EQUITIES		91,595.37		129,408.09	89.05	489.95	0.38
TOTAL ACCOUNT		107,721.61		145,324.66	100.00	1,438.86	0.99

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F JAMES SENSENBRENNER III TR DETAIL OF PENDING ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572031010

PENDING TRADES: NONE

BANK ONE TRUST COMPANY, NA
111 E WISCONSIN AVE
MILWAUKEE, WI 53202

STATEMENT OF ACCOUNT
FOR PERIOD 01/01/99 THROUGH 12/31/99

MARGARET L SMITH 96 EXEMPT F JAMES

ACCOUNT NUMBER 9572226310

FOR ASSISTANCE, PLEASE CONTACT
LYNN E PAULL
(414) 765-2751

Filer is trustee.
Sister is bene.

4226

F JAMES SENSENBRENNER JR
609 FORT WILLIAMS PKWY
ALEXANDRIA VA 22304-1813

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BANK ONE.

STATEMENT MESSAGES

ACCOUNT NO. 9572226310 MARGARET L SMITH 96 EXEMPT F JAMES

MUTUAL FUNDS, INCLUDING PROPRIETARY MUTUAL FUNDS, AND VARIOUS OTHER MARKETABLE SECURITIES ARE NOT INSURED OR GUARANTEED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER GOVERNMENT SPONSORED AGENCY OF THE FEDERAL GOVERNMENT OR ANY STATE. ALL INVOLVE INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED. "THE ONE GROUP" FUNDS ARE NOT DEPOSITS OR OBLIGATIONS OF, AND ARE NOT GUARANTEED BY, BANK ONE CORPORATION OR ITS BANK OR NON-BANK AFFILIATES.

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ALTHOUGH MARKET VALUES AND PRICES HAVE BEEN OBTAINED FROM SOURCES WE BELIEVE TO BE RELIABLE, WE DO NOT GUARANTEE THEIR ACCURACY. CERTAIN FIXED INCOME SECURITIES AND ASSETS THAT ARE NOT PUBLICLY OR FREQUENTLY TRADED CANNOT BE READILY PRICED.

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THIS STATEMENT IS NOT AN OFFICIAL DOCUMENT FOR INCOME TAX REPORTING PURPOSES.

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TRANSACTION SUMMARY

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
BEGINNING BALANCES 12/31/98	0.00	0.00	363,487.26
CASH RECEIPTS			
NET INTEREST	869.91		
NET DIVIDENDS	9,763.82	13,084.14	
OTHER CASH RECEIPTS		387.00	
TOTAL CASH RECEIPTS	10,633.73	13,471.14	0.00
CASH DISBURSEMENTS			
DISTRIBUTIONS TO BENEFICIARIES	8,056.73-		
FIDUCIARY INCOME TAXES		1,215.00-	
ADMINISTRATIVE EXPENSES	2,577.00-	2,502.08-	
TOTAL CASH DISBURSEMENTS	10,633.73-	3,717.08-	0.00
INVESTMENT TRANSACTIONS			
PURCHASES		16,000.00-	16,000.00
SALES/MATURITIES		1.22	0.80-
DISTRIBUTIONS IN KIND			11,866.67-
ASSETS RECEIVED IN KIND			11,866.67

BANK ONE.

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TRANSACTION SUMMARY

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
NET PURCHASES/SALES			
CASH MANAGEMENT VEHICLE		6,244.72	6,244.72-
TOTAL INVESTMENT TRANSACTIONS		9,754.06-	9,754.48
ENDING BALANCES 12/31/99	0.00	0.00	373,241.74

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/31/98	BEGINNING BALANCES	0.00	0.00	363,487.26
	CASH RECEIPTS			
	NET INTEREST			
	ONE GROUP PRIME MONEY MARKET FUND			
04/01/99	ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 3/1/99 TO 3/31/99	74.41		
05/03/99	ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 4/1/99 TO 4/30/99	68.13		
06/01/99	ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 5/1/99 TO 5/31/99	69.73		
07/01/99	ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 6/1/99 TO 6/30/99	65.49		
08/02/99	ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 7/1/99 TO 7/31/99	68.72		
09/01/99	ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 8/1/99 TO 8/31/99	71.12		
10/01/99	ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 9/1/99 TO 9/30/99	68.61		

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MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
11/01/99	ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 10/1/99 TO 10/31/99	72.35		
12/01/99	ONE GROUP PRIME MONEY MARKET FUND INTEREST FROM 11/1/99 TO 11/30/99	73.89		
01/04/99	THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 12/1/98 TO 12/31/98	86.12		
02/01/99	THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 1/1/99 TO 1/31/99	80.15		
03/01/99	THE ONE GROUP PRIME MONEY MKT FD INTEREST FROM 2/1/99 TO 2/28/99	71.19		
	TOTAL ONE GROUP PRIME MONEY MARKET FUND	869.91		
	TOTAL NET INTEREST	869.91		
	NET DIVIDENDS			
	ABBOTT LABS			
02/16/99	ABBOTT LABS $0.15/SHARES ON 300. SHARES DUE 2/15/99	45.00		

TRANSACTION DETAIL

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/17/99	ABBOTT LABS $0.17/SHARES ON 300. SHARES DUE 5/15/99	51.00		
08/16/99	ABBOTT LABS $0.17/SHARES ON 300. SHARES DUE 8/15/99	51.00		
11/15/99	ABBOTT LABS $0.17/SHARES ON 300. SHARES DUE 11/15/99	51.00		
	TOTAL ABBOTT LABS	198.00		
	ASSOCIATES FIRST CAP CORP CL A			
03/01/99	ASSOCIATES FIRST CAP CORP CL A $0.055/SHARES ON 104. SHARES DUE 3/ 1/99	5.72		
06/01/99	ASSOCIATES FIRST CAP CORP CL A $0.055/SHARES ON 104. SHARES DUE 6/ 1/99	5.72		
09/01/99	ASSOCIATES FIRST CAP CORP CL A $0.055/SHARES ON 104. SHARES DUE 9/ 1/99	5.72		

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TRANSACTION DETAIL

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/01/99	ASSOCIATES FIRST CAP CORP CL A $0.065/SHARES ON 104. SHARES DUE 12/ 1/99	6.76		
	TOTAL ASSOCIATES FIRST CAP CORP CL A	23.92		
	BRISTOL MYERS SQUIBB CO			
02/01/99	BRISTOL MYERS SQUIBB CO $0.43/SHARES ON 100. SHARES DUE 2/ 1/99	43.00		
05/03/99	BRISTOL MYERS SQUIBB CO $0.215/SHARES ON 200. SHARES DUE 5/ 1/99	43.00		
08/02/99	BRISTOL MYERS SQUIBB CO $0.215/SHARES ON 200. SHARES DUE 8/ 1/99	43.00		
11/01/99	BRISTOL MYERS SQUIBB CO $0.215/SHARES ON 200. SHARES DUE 11/ 1/99	43.00		

MARGARET L SMITH 96 EXEMPT F JAMES

12/31/98 THROUGH 12/31/99

ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	TOTAL BRISTOL MYERS SQUIBB CO	172.00		
	CITIGROUP INC			
02/26/99	CITIGROUP INC $0.18/SHARES ON 150. SHARES DUE 2/26/99	27.00		
05/28/99	CITIGROUP INC $0.21/SHARES ON 150. SHARES DUE 5/28/99	31.50		
08/27/99	CITIGROUP INC $0.14/SHARES ON 225. SHARES DUE 8/27/99	31.50		
11/24/99	CITIGROUP INC $0.14/SHARES ON 225. SHARES DUE 11/24/99	31.50		
	TOTAL CITIGROUP INC	121.50		
	CMS ENERGY CORP			
02/22/99	CMS ENERGY CORP $0.33/SHARES ON 200. SHARES DUE 2/22/99	66.00		

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MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
05/21/99	CMS ENERGY CORP $0.33/SHARES ON 200. SHARES DUE 5/21/99	66.00		
08/20/99	CMS ENERGY CORP $0.365/SHARES ON 200. SHARES DUE 8/20/99	73.00		
11/22/99	CMS ENERGY CORP $0.365/SHARES ON 200. SHARES DUE 11/22/99	73.00		
	TOTAL CMS ENERGY CORP	278.00		
	EMERSON ELEC CO			
03/10/99	EMERSON ELEC CO $0.325/SHARES ON 100. SHARES DUE 3/10/99	32.50		
06/10/99	EMERSON ELEC CO $0.325/SHARES ON 100. SHARES DUE 6/10/99	32.50		
09/10/99	EMERSON ELEC CO $0.325/SHARES ON 100. SHARES DUE 9/10/99	32.50		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/10/99	EMERSON ELEC CO $0.3575/SHARES ON 100. SHARES DUE 12/10/99	35.75		
	TOTAL EMERSON ELEC CO	133.25		
	EXXON CORP			
03/10/99	EXXON CORP $0.41/SHARES ON 100. SHARES DUE 3/10/99	41.00		
06/10/99	EXXON CORP $0.41/SHARES ON 100. SHARES DUE 6/10/99	41.00		
09/10/99	EXXON CORP $0.41/SHARES ON 100. SHARES DUE 9/10/99	41.00		
12/10/99	EXXON CORP $0.44/SHARES ON 100. SHARES DUE 12/10/99	44.00		

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MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	TOTAL EXXON CORP	167.00		
	FIRST UN CORP			
03/15/99	FIRST UN CORP $0.47/SHARES ON 100. SHARES DUE 3/15/99	47.00		
06/15/99	FIRST UN CORP $0.47/SHARES ON 100. SHARES DUE 6/15/99	47.00		
09/15/99	FIRST UN CORP $0.47/SHARES ON 100. SHARES DUE 9/15/99	47.00		
12/15/99	FIRST UN CORP $0.47/SHARES ON 100. SHARES DUE 12/15/99	47.00		
	TOTAL FIRST UN CORP	188.00		
	FORD MTR CO DEL			
03/01/99	FORD MTR CO DEL $0.46/SHARES ON 200. SHARES DUE 3/ 1/99	92.00		

TRANSACTION DETAIL

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/01/99	FORD MTR CO DEL $0.46/SHARES ON 200. SHARES DUE 6/ 1/99	92.00		
09/01/99	FORD MTR CO DEL $0.46/SHARES ON 200. SHARES DUE 9/ 1/99	92.00		
12/01/99	FORD MTR CO DEL $0.50/SHARES ON 200. SHARES DUE 12/ 1/99	100.00		
	TOTAL FORD MTR CO DEL	376.00		
	GENERAL ELEC CO			
01/25/99	GENERAL ELEC CO $0.35/SHARES ON 100. SHARES DUE 1/25/99	35.00		
04/26/99	GENERAL ELEC CO $0.35/SHARES ON 100. SHARES DUE 4/26/99	35.00		
07/26/99	GENERAL ELEC CO $0.35/SHARES ON 100. SHARES DUE 7/26/99	35.00		

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MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/25/99	GENERAL ELEC CO $0.35/SHARES ON 100. SHARES DUE 10/25/99	35.00		
	TOTAL GENERAL ELEC CO	140.00		
	GTE CORP			
01/04/99	GTE CORP $0.47/SHARES ON 150. SHARES DUE 1/ 1/99	70.50		
04/01/99	GTE CORP $0.47/SHARES ON 150. SHARES DUE 4/ 1/99	70.50		
07/01/99	GTE CORP $0.47/SHARES ON 150. SHARES DUE 7/ 1/99	70.50		
10/01/99	GTE CORP $0.47/SHARES ON 150. SHARES DUE 10/ 1/99	70.50		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	TOTAL GTE CORP	282.00		
	HARTFORD FINL SVCS GROUP INC			
01/04/99	HARTFORD FINL SVCS GROUP INC $0.22/SHARES ON 200. SHARES DUE 1/ 4/99	44.00		
04/01/99	HARTFORD FINL SVCS GROUP INC $0.22/SHARES ON 200. SHARES DUE 4/ 1/99	44.00		
07/01/99	HARTFORD FINL SVCS GROUP INC $0.23/SHARES ON 200. SHARES DUE 7/ 1/99	46.00		
10/01/99	HARTFORD FINL SVCS GROUP INC $0.23/SHARES ON 200. SHARES DUE 10/ 1/99	46.00		
	TOTAL HARTFORD FINL SVCS GROUP INC	180.00		
	HEWLETT PACKARD CO			
01/13/99	HEWLETT PACKARD CO $0.16/SHARES ON 50. SHARES DUE 1/13/99	8.00		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
04/14/99	HEWLETT PACKARD CO $0.16/SHARES ON 50. SHARES DUE 4/14/99	8.00		
07/14/99	HEWLETT PACKARD CO $0.16/SHARES ON 50. SHARES DUE 7/14/99	8.00		
10/13/99	HEWLETT PACKARD CO $0.16/SHARES ON 50. SHARES DUE 10/13/99	8.00		
	TOTAL HEWLETT PACKARD CO	32.00		
	INTEL CORP			
03/01/99	INTEL CORP $0.04/SHARES ON 50. SHARES DUE 3/ 1/99	2.00		
06/01/99	INTEL CORP $0.03/SHARES ON 100. SHARES DUE 6/ 1/99	3.00		
09/01/99	INTEL CORP $0.03/SHARES ON 100. SHARES DUE 9/ 1/99	3.00		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/01/99	INTEL CORP $0.03/SHARES ON 100. SHARES DUE 12/ 1/99	3.00		
	TOTAL INTEL CORP	11.00		
	INTERNATIONAL BUSINESS MACHS CORP			
03/10/99	INTERNATIONAL BUSINESS MACHS CORP $0.22/SHARES ON 50. SHARES DUE 3/10/99	11.00		
06/10/99	INTERNATIONAL BUSINESS MACHS CORP $0.12/SHARES ON 100. SHARES DUE 6/10/99 EQUIVALENT TO .24/SHARE ON PRE-SPLIT SHARES	12.00		
09/10/99	INTERNATIONAL BUSINESS MACHS CORP $0.12/SHARES ON 100. SHARES DUE 9/10/99	12.00		
12/10/99	INTERNATIONAL BUSINESS MACHS CORP $0.12/SHARES ON 100. SHARES DUE 12/10/99	12.00		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	TOTAL INTERNATIONAL BUSINESS MACHS CORP	47.00		
	LOCKHEED MARTIN CORP			
03/31/99	LOCKHEED MARTIN CORP $0.22/SHARES ON 100. SHARES DUE 3/31/99	22.00		
06/30/99	LOCKHEED MARTIN CORP $0.22/SHARES ON 100. SHARES DUE 6/30/99	22.00		
09/30/99	LOCKHEED MARTIN CORP $0.22/SHARES ON 100. SHARES DUE 9/30/99	22.00		
12/31/99	LOCKHEED MARTIN CORP $0.22/SHARES ON 100. SHARES DUE 12/31/99	22.00		
	TOTAL LOCKHEED MARTIN CORP	88.00		
	MOBIL CORP			
03/10/99	MOBIL CORP $0.57/SHARES ON 100. SHARES DUE 3/10/99	57.00		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/10/99	MOBIL CORP $0.57/SHARES ON 100. SHARES DUE 6/10/99	57.00		
09/10/99	MOBIL CORP $0.57/SHARES ON 100. SHARES DUE 9/10/99	57.00		
12/10/99	MOBIL CORP $0.57/SHARES ON 100. SHARES DUE 12/10/99	57.00		
	TOTAL MOBIL CORP	228.00		
	MONSANTO CO			
03/12/99	MONSANTO CO $0.03/SHARES ON 100. SHARES DUE 3/12/99	3.00		
06/11/99	MONSANTO CO $0.03/SHARES ON 100. SHARES DUE 6/11/99	3.00		
09/10/99	MONSANTO CO $0.03/SHARES ON 100. SHARES DUE 9/10/99	3.00		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/10/99	MONSANTO CO $0.03/SHARES ON 100. SHARES DUE 12/10/99	3.00		
	TOTAL MONSANTO CO	12.00		
	MORGAN J P & CO INC			
01/15/99	MORGAN J P & CO INC $0.99/SHARES ON 50. SHARES DUE 1/15/99	49.50		
04/15/99	MORGAN J P & CO INC $0.99/SHARES ON 50. SHARES DUE 4/15/99	49.50		
07/15/99	MORGAN J P & CO INC $0.99/SHARES ON 50. SHARES DUE 7/15/99	49.50		
10/15/99	MORGAN J P & CO INC $0.99/SHARES ON 50. SHARES DUE 10/15/99	49.50		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	TOTAL MORGAN J P & CO INC	198.00		
	SARA LEE CORP			
01/04/99	SARA LEE CORP $0.125/SHARES ON 300. SHARES DUE 1/ 1/99	37.50		
04/01/99	SARA LEE CORP $0.125/SHARES ON 300. SHARES DUE 4/ 1/99	37.50		
07/01/99	SARA LEE CORP $0.125/SHARES ON 300. SHARES DUE 7/ 1/99	37.50		
10/01/99	SARA LEE CORP $0.125/SHARES ON 300. SHARES DUE 10/ 1/99	37.50		
	TOTAL SARA LEE CORP	150.00		
	SOLUTIA INC			
12/10/99	SOLUTIA INC $0.04/SHARES ON 20. SHARES DUE 12/10/99	0.80		

TRANSACTION DETAIL

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	SUPERVALU INC			
03/15/99	SUPERVALU INC $0.1325/SHARES ON 200. SHARES DUE 3/15/99	26.50		
06/15/99	SUPERVALU INC $0.1325/SHARES ON 200. SHARES DUE 6/15/99	26.50		
09/15/99	SUPERVALU INC $0.135/SHARES ON 200. SHARES DUE 9/15/99	27.00		
12/15/99	SUPERVALU INC $0.135/SHARES ON 200. SHARES DUE 12/15/99	27.00		
	TOTAL SUPERVALU INC	107.00		
	WAL MART STORES INC			
01/11/99	WAL MART STORES INC $0.0775/SHARES ON 150. SHARES DUE 1/11/99	11.63		
04/19/99	WAL MART STORES INC $0.10/SHARES ON 150. SHARES DUE 4/19/99	15.00		

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MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
07/12/99	WAL MART STORES INC $0.05/SHARES ON 300. SHARES DUE 7/12/99	15.00		
10/12/99	WAL MART STORES INC $0.05/SHARES ON 300. SHARES DUE 10/12/99	15.00		
	TOTAL WAL MART STORES INC	56.63		
	ONE GROUP DIVERSIFIED EQUITY FUND			
04/01/99	ONE GROUP DIVERSIFIED EQUITY FUND CASH RECEIPT OF DIVIDEND EARNED	28.97		
05/03/99	ONE GROUP DIVERSIFIED EQUITY FUND CASH RECEIPT OF DIVIDEND EARNED	18.65		
06/01/99	ONE GROUP DIVERSIFIED EQUITY FUND CASH RECEIPT OF DIVIDEND EARNED	83.74		
08/02/99	ONE GROUP DIVERSIFIED EQUITY FUND CASH RECEIPT OF DIVIDEND EARNED	22.15		
09/01/99	ONE GROUP DIVERSIFIED EQUITY FUND CASH RECEIPT OF DIVIDEND EARNED	45.66		

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MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/01/99	ONE GROUP DIVERSIFIED EQUITY FUND CASH RECEIPT OF DIVIDEND EARNED	43.52		
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		7,414.51	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP DIVERSIFIED EQUITY FUND		664.54	
12/29/99	ONE GROUP DIVERSIFIED EQUITY FUND CASH RECEIPT OF DIVIDEND EARNED	78.18		
	TOTAL ONE GROUP DIVERSIFIED EQUITY FUND	320.87	8,079.05	
	ONE GROUP INTERMED TAX-FREE BOND FD			
04/01/99	ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 3/1/99 TO 3/31/99	240.99		
05/03/99	ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 4/1/99 TO 4/30/99	233.31		
06/01/99	ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 5/1/99 TO 5/31/99	237.64		
07/01/99	ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 6/1/99 TO 6/30/99	230.77		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
08/02/99	ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 7/1/99 TO 7/31/99	239.01		
09/01/99	ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 8/1/99 TO 8/31/99	238.13		
10/01/99	ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 9/1/99 TO 9/30/99	227.42		
11/01/99	ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 10/1/99 TO 10/31/99	236.02		
12/01/99	ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 11/1/99 TO 11/30/99	230.60		
12/29/99	ONE GROUP INTERMED TAX-FREE BOND FD DIVIDEND FROM 12/1/99 TO 12/31/99	256.29		
	TOTAL ONE GROUP INTERMED TAX-FREE BOND FD	2,370.18		
	ONE GROUP MID CAP GROWTH FUND			
12/07/99	RECEIVED A LT CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		2,355.56	
12/07/99	RECEIVED A ST CAPITAL GAINS DISTRIBUTION ONE GROUP MID CAP GROWTH FUND		2,649.53	

BANK ONE.

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	TOTAL ONE GROUP MID CAP GROWTH FUND		5,005.09	
	ONE GROUP MUNICIPAL INCOME FUND			
04/01/99	ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 3/1/99 TO 3/31/99	240.90		
05/03/99	ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 4/1/99 TO 4/30/99	231.24		
06/01/99	ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 5/1/99 TO 5/31/99	238.77		
07/01/99	ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 6/1/99 TO 6/30/99	228.65		
08/02/99	ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 7/1/99 TO 7/31/99	232.58		
09/01/99	ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 8/1/99 TO 8/31/99	228.36		
10/01/99	ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 9/1/99 TO 9/30/99	223.47		
11/01/99	ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 10/1/99 TO 10/31/99	228.46		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/01/99	ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 11/1/99 TO 11/30/99	224.44		
12/29/99	ONE GROUP MUNICIPAL INCOME FUND DIVIDEND FROM 12/1/99 TO 12/31/99	250.36		
	TOTAL ONE GROUP MUNICIPAL INCOME FUND	2,327.23		
	THE ONE GROUP INTERMED TAX FREE FD			
01/04/99	THE ONE GROUP INTERMED TAX FREE FD DIVIDEND FROM 12/1/98 TO 12/31/98	249.37		
02/01/99	THE ONE GROUP INTERMED TAX FREE FD DIVIDEND FROM 1/1/99 TO 1/31/99	246.58		
03/01/99	THE ONE GROUP INTERMED TAX FREE FD DIVIDEND FROM 2/1/99 TO 2/28/99	223.59		
	TOTAL THE ONE GROUP INTERMED TAX FREE FD	719.54		
	THE ONE GROUP MUNICIPAL INCOME FD			
01/04/99	THE ONE GROUP MUNICIPAL INCOME FD DIVIDEND FROM 12/1/98 TO 12/31/98	247.34		

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TRANSACTION DETAIL

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
02/01/99	THE ONE GROUP MUNICIPAL INCOME FD DIVIDEND FROM 1/1/99 TO 1/31/99	245.95		
03/01/99	THE ONE GROUP MUNICIPAL INCOME FD DIVIDEND FROM 2/1/99 TO 2/28/99	220.54		
	TOTAL THE ONE GROUP MUNICIPAL INCOME FD	713.83		
	THE ONE GROUP VALUE GROWTH FD			
01/04/99	THE ONE GROUP VALUE GROWTH FD CASH RECEIPT OF DIVIDEND EARNED	27.71		
02/01/99	THE ONE GROUP VALUE GROWTH FD CASH RECEIPT OF DIVIDEND EARNED	30.18		
03/01/99	THE ONE GROUP VALUE GROWTH FD CASH RECEIPT OF DIVIDEND EARNED	64.18		
	TOTAL THE ONE GROUP VALUE GROWTH FD	122.07		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	TOTAL NET DIVIDENDS	9,763.82	13,084.14	
	OTHER CASH RECEIPTS			
06/09/99	STATE FIDUCIARY TAX REFUND FOR 1998		387.00	
	TOTAL OTHER CASH RECEIPTS		387.00	
	TOTAL CASH RECEIPTS	10,633.73	13,471.14	
	CASH DISBURSEMENTS			
	DISTRIBUTIONS TO BENEFICIARIES			
03/10/99	PAID TO BANK ONE MILWAUKEE DDA#550462366 ACH TRANSFER TO CHECKING ACCT 075000019-550462366	1,862.50-		
06/10/99	PAID TO BANK ONE MILWAUKEE DDA#550462366 ACH TRANSFER TO CHECKING ACCT 075000019-550462366	2,126.24-		
09/10/99	PAID TO BANK ONE MILWAUKEE DDA#550462366 ACH TRANSFER TO CHECKING ACCT 075000019-550462366	1,775.15-		

BANK ONE.

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/10/99	PAID TO BANK ONE MILWAUKEE DDA#550462366 ACH TRANSFER TO CHECKING ACCT 075000019-550462366	1,867.44-		
12/31/99	PAID TO BANK ONE MILWAUKEE DDA#550462366 ACH TRANSFER TO CHECKING ACCT 075000019-550462366	425.40-		
	TOTAL DISTRIBUTIONS TO BENEFICIARIES	8,056.73-		
	FIDUCIARY INCOME TAXES			
04/12/99	PAID TO INTERNAL REVENUE SERVICE FIDUCIARY EST FED INCOME TAX FIRST QUARTER FEDERAL ESTIMATED TAX PAYMENT		1,215.00-	
	TOTAL FIDUCIARY INCOME TAXES		1,215.00-	
	ADMINISTRATIVE EXPENSES			
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98		199.69-	

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
01/11/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 12/31/98	199.68-		
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99		207.20-	
02/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 1/31/99	207.19-		
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99		201.88-	
03/10/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 2/28/99	201.88-		
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99		206.31-	
04/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 3/31/99	206.30-		
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99		214.66-	
05/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 4/30/99	214.66-		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99		211.57-	
06/14/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 5/31/99	211.56-		
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99		216.65-	
07/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 6/30/99	216.64-		
07/16/99	MISCELLANEOUS TAX SERVICE FEES	75.00-		
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99		209.01-	
08/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 7/31/99	209.01-		
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99		208.79-	
09/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 8/31/99	208.78-		

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99		202.95-	
10/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 9/30/99	202.94-		
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99		211.93-	
11/12/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 10/31/99	211.93-		
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99		211.44-	
12/13/99	SERVICE FEE COLLECTED FOR THE PERIOD THROUGH 11/30/99	211.43-		
	TOTAL ADMINISTRATIVE EXPENSES	2,577.00-	2,502.08-	
	TOTAL CASH DISBURSEMENTS	10,633.73-	3,717.08-	

INVESTMENT TRANSACTIONS

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MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	PURCHASES			
12/21/99	PURCHASED 771.456 SH ONE GROUP INTERMED TAX-FREE BOND FD TRADE DATE 12/20/99 771.456 SHARES AT $10.37		8,000.00-	8,000.00
12/21/99	PURCHASED 845.666 SH ONE GROUP MUNICIPAL INCOME FUND TRADE DATE 12/20/99 845.666 SHARES AT $9.46		8,000.00-	8,000.00
	TOTAL PURCHASES		16,000.00-	16,000.00
	SALES/MATURITIES			
12/22/99	SOLD 0.015 SH EXXON MOBIL CORP TRADE DATE 12/22/99 SOLD THROUGH CASH IN LIEU OF FRACTIONAL SH LT CAPITAL GAIN OF $0.42 ON FEDERAL COST LT CAPITAL GAIN OF $0.42 ON STATE COST FEDERAL TAX COST $0.80 STATE TAX COST $0.80 CASH IN LIEU OF FRACTIONAL SHARE		1.22	0.80-
	TOTAL SALES/MATURITIES		1.22	0.80-

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	DISTRIBUTIONS IN KIND			
12/02/99	DISTRIBUTED 100 SH EXXON CORP NAME CHANGED TO EXXON MOBIL CORP CUSIP: 30231G102			5,335.00-
12/01/99	DISTRIBUTED 100 SH MOBIL CORP MERGER TO EXXON MOBIL CORP CUSIP: 30231G102			6,531.67-
	TOTAL DISTRIBUTIONS IN KIND			11,866.67-
	ASSETS RECEIVED IN KIND			
03/01/99	2 FOR 1 STOCK SPLIT BRISTOL MYERS SQUIBB CO 100.00 ADDITIONAL SHARES RECEIVED			
06/01/99	3 FOR 2 STOCK SPLIT CITIGROUP INC 75.00 ADDITIONAL SHARES RECEIVED			
12/01/99	RECEIVED 132.015 SH EXXON MOBIL CORP MERGER FROM MOBIL CORP CUSIP: 607059102			6,531.67

BANK ONE.

TRANSACTION DETAIL

MARGARET L SMITH 96 EXEMPT F JAMES

12/31/98 THROUGH 12/31/99

ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
12/02/99	RECEIVED 100 SH EXXON MOBIL CORP NAME CHANGED FROM EXXON CORP CUSIP: 302290101			5,335.00
04/12/99	2 FOR 1 STOCK SPLIT INTEL CORP 50.00 ADDITIONAL SHARES RECEIVED			
05/27/99	2 FOR 1 STOCK SPLIT INTERNATIONAL BUSINESS MACHS CORP 50.00 ADDITIONAL SHARES RECEIVED			
01/04/99	2 FOR 1 STOCK SPLIT LOCKHEED MARTIN CORP 50.00 ADDITIONAL SHARES RECEIVED			
03/29/99	2 FOR 1 STOCK SPLIT MICROSOFT CORP 50.00 ADDITIONAL SHARES RECEIVED			
04/21/99	2 FOR 1 STOCK SPLIT WAL MART STORES INC 150.00 ADDITIONAL SHARES RECEIVED			
	TOTAL ASSETS RECEIVED IN KIND		0.00	11,866.67

MARGARET L SMITH 96 EXEMPT F JAMES 12/31/98 THROUGH 12/31/99 ACCOUNT NUMBER 9572226310

DATE POSTED	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENTS AT TAX COST
	PURCHASES/SALES			
	CASH MANAGEMENT VEHICLE			
	THE ONE GROUP PRIME MONEY MARKET 61 PURCHASE TRANSACTIONS CONSOLIDATED FOR THE PERIOD 12/31/98 - 12/31/99		23,085.41-	23,085.41
	THE ONE GROUP PRIME MONEY MARKET 18 SALE TRANSACTIONS CONSOLIDATED FOR THE PERIOD 12/31/98 - 12/31/99		29,330.13	29,330.13-
	NET PURCHASES/SALES CASH MANAGEMENT VEHICLE		6,244.72	6,244.72-
	TOTAL INVESTMENT TRANSACTIONS		9,754.06-	9,754.48
12/31/99	ENDING BALANCES	0.00	0.00	373,241.74

INCOME CASH	+	PRINCIPAL CASH	=	NET CASH
0.00		0.00		0.00

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BANK ONE.

INVESTMENT REVIEW

MARGARET L SMITH 96 EXEMPT F JAMES

SUMMARY OF ASSETS AS OF 12/31/99

ACCOUNT NUMBER: 9572226310

DESCRIPTION	TAX COST	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	YIELD AT MARKET
CASH EQUIVALENTS	12,795.35	12,795.35	2.50	699.46	5.47
MUNICIPAL OBLIGATIONS	135,000.00	130,117.35	25.37	6,476.26	4.98
COMMON STOCK	114,428.12	201,526.20	39.30	3,345.16	1.66
COMMON & MUTUAL FUNDS - EQUITIES	111,018.27	168,375.17	32.83	415.21	0.25
TOTAL ACCOUNT	373,241.74	512,814.07	100.00	10,936.09	2.13

MARGARET L SMITH 96 EXEMPT F JAMES DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572226310

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
CASH							
0.00	INCOME CASH	0.00		0.00	0.00		
0.00	PRINCIPAL CASH	0.00		0.00	0.00		
0.00	NET CASH	0.00		0.00	0.00		
CASH EQUIVALENTS							
12,795.35	ONE GROUP PRIME MONEY MARKET FUND	12,795.35	1.00	12,795.35	2.50	699.46	5.47
MUNICIPAL OBLIGATIONS							
6,560.17	ONE GROUP INTERMED TAX-FREE BOND FD	71,000.00	10.37	68,028.94	13.27	3,263.57	4.80 0.00
6,570.2	ONE GROUP MUNICIPAL INCOME FUND	64,000.00	9.45	62,088.41	12.11	3,212.69	5.17 0.00
TOTAL MUNICIPAL OBLIGATIONS		135,000.00		130,117.35	25.37	6,476.26	4.98

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MARGARET L SMITH 96 EXEMPT F JAMES DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572226310

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
COMMON STOCK							
300	ABBOTT LABS	8,415.00	36.31	10,893.75	2.12	204.00	1.87
104	ASSOCIATES FIRST CAP CORP CL A	2,095.67	27.44	2,853.50	0.56	27.04	0.95
200	BRISTOL MYERS SQUIBB CO	6,175.84	64.19	12,837.50	2.50	196.00	1.53
225	CITIGROUP INC	5,045.00	55.69	12,529.69	2.44	126.00	1.01
200	CMS ENERGY CORP	6,539.00	31.19	6,237.50	1.22	292.00	4.68
100	EMERSON ELEC CO	4,832.50	57.38	5,737.50	1.12	143.00	2.49
232	EXXON MOBIL CORP	11,865.87	80.56	18,690.50	3.64	408.32	2.18
100	FIRST UN CORP	4,038.75	32.94	3,293.75	0.64	188.00	5.71
200	FORD MTR CO DEL	4,176.52	53.31	10,662.50	2.08	400.00	3.75
100	GENERAL ELEC CO	4,975.42	154.75	15,475.00	3.02	164.00	1.06

MARGARET L SMITH 96 EXEMPT F JAMES DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572226310

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
150	GTE CORP	6,840.00	70.56	10,584.38	2.06	282.00	2.66
200	HARTFORD FINL SVCS GROUP INC	6,995.00	47.38	9,475.00	1.85	192.00	2.03
50	HEWLETT PACKARD CO	2,603.75	113.75	5,687.50	1.11	32.00	0.56
100	INTEL CORP	3,465.63	82.31	8,231.25	1.61	12.00	0.15
100	INTERNATIONAL BUSINESS MACHS CORP	3,417.50	107.88	10,787.50	2.10	48.00	0.44
100	LOCKHEED MARTIN CORP	4,232.50	21.87	2,187.50	0.43	88.00	4.02
100	MICROSOFT CORP	2,318.75	116.75	11,675.00	2.28	0.00	0.00
100	MONSANTO CO	3,653.43	35.44	3,543.75	0.69	12.00	0.34
50	MORGAN J P & CO INC	4,994.17	126.63	6,331.25	1.23	200.00	3.16
300	SARA LEE CORP	6,108.75	22.06	6,618.75	1.29	162.00	2.45

BANK ONE.

INVESTMENT REVIEW

MARGARET L SMITH 96 EXEMPT F JAMES DETAIL OF ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572226310

SHARES PAR VALUE OR UNITS	DESCRIPTION	TAX COST	MARKET PRICE	MARKET VALUE	PERCENT MARKET	ESTIMATED ANNUAL INCOME	CURRENT YLD/YLD TO MAT
20	SOLUTIA INC	341.57	15.44	308.75	0.06	0.80	0.26
200	SUPERVALU INC	2,895.00	20.00	4,000.00	0.78	108.00	2.70
150	TOYS "R" US INC	4,182.50	14.31	2,146.88	0.42	0.00	0.00
300	WAL MART STORES INC	4,220.00	69.13	20,737.50	4.04	60.00	0.29
TOTAL COMMON STOCK		114,428.12		201,526.20	39.30	3,345.16	1.66
COMMON & MUTUAL FUNDS - EQUITIES							
9,259.23	ONE GROUP DIVERSIFIED EQUITY FUND	91,018.27	14.75	136,573.70	26.63	415.21	0.30
1,225.49	ONE GROUP MID CAP GROWTH FUND	20,000.00	25.95	31,801.47	6.20	0.00	0.00
TOTAL COMMON & MUTUAL FUNDS - EQUITIES		111,018.27		168,375.17	32.83	415.21	0.25
TOTAL ACCOUNT		373,241.74		512,814.07	100.00	10,936.09	2.13

MARGARET L SMITH 96 EXEMPT F JAMES DETAIL OF PENDING ASSETS AS OF 12/31/99 ACCOUNT NUMBER: 9572226310

PENDING TRADES: NONE

BANK ONE.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
ARCHIVE RESOURCE CENTER
00 MAY 15 PM 4:15
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED (6)
(Office Use Only)

José E. Serrano
(Full Name)

910 Grand Concourse
(Mailing Address)

Bronx, New York 10451

Daytime Telephone: (202)225-4361

Filer Status	[X] Member of the U.S. House of Representatives — State: NY District: 16	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J. E. Serrano	MAY 15, 2000

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NYS Employee Retirement System	Pension	$14,000.
	Ridgewood Homes	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name José E. Serrano | Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP,	*Examples:*	SP	Mega Corp. Stock						X							X										X								P
DC,			Simon & Schuster			Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts						X									X									X							
SP	PUTMAN CAPITAL OPPORTUNITIES					X																				X								GIFT FROM GRANDPARENTS TO GRANDCHILDREN DEC. 1999
DC	MFS STRATEGIC GROWTH					X																				X								
DC	MFS NEW DISCOVERY					X																				X								
DC	COLONIAL/STEIN ROE YOUNG INVESTORS					X																				X								

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name José E. Serrano

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	PUTMAN CAPITAL OPPORTUNITIES	X			DEC. 1999	X									
DC	MFS STRATEGIC GROWTH	X			DEC. 1999	X									
DC	MFS NEW DISCOVERY	X			DEC. 1999	X									
DC	COLONIAL/STEIN ROE YOUNG INVESTORS	X			DEC. 1999	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CONNECTICUT STATE PUERTO RICAN PARADE	JUNE 4-6	NY WATERBURY, CT - NY	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER, BOARD OF DIRECTORS	MANHATTAN COLLEGE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 5:59

(1)

HAND DELIVERED
(Office Use Only)

PETE SESSIONS
(Full Name)

PO Box 38585 DALLAS, TEXAS 75238 214.874.0225
(Mailing Address) Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: TEXAS District: 5	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Pete Sessions	5.15.00

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Name PETE SESSIONS | Page 1 of 15

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SOUTHWESTERN BELL MOBILE SYSTEMS	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
K-MART RACE AGAINST DRUGS - WDC	CAR RACE	9.22.99	$500.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
Examples:	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	AMERITECH/SBC			X										X									X									
	BELL SOUTH			X										X									X									
	Fidelity Advisor Tech				X									X			X															P
	Fidelity Advisor - Growth II							X						X			X															
	A.G. Edwards Central MM		X													X						X										
	AT&T			X										X								X										

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pete Sessions

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P. S. E
	Bell Atlantic			X										X								X										
	Dallas Telco Credit Union		X													X						X										
	Lincoln Life Growth Fund 403-B			X										X			X						X									
	Nations Bank - IRA																															S
	SBC				X									X									X									
	Service Master			X										X								X										
	US House of Rep - Savings				X											X	X							X								
	US Savings Bonds			X																			X									
	American Century - IRA Select				X									X			X						X									
JT	Lucent Technologies				X									X									X									
JT	Brazoria - Tax Exempt				X											X							X									
JT	AG Edwards - Money Market Contrafund	X																				X										
JT	American Century - Select			X										X			X						X									
JT	Congressional Credit Union		X													X						X										
JT	Dreyfus Intermediate Muni Bond			X										X									X									
JT	Exxon				X									X										X								
JT	Nuveen Municipal Bond Fund				X											X																
JT	Oppenheimer Discipline			X												X																
JT	USAA Tax Exempt Long Term			X												X						X										
JT	USAA Money Market	X														X						X										
JT	Dallas Telco Credit Union	X														X						X										
JT	Property in Hurt, TX			X											Less than 2 Acres						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PETE SESSIONS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	AmeriTech	C	DIVIDENDS	III	
SP	Bell South	C	DIVIDENDS	III	
SP	Skytel P. MCI	C	DIVIDENDS	II	
SP	AG Edwards Contin	A	INTEREST	II	
SP	Nations Bank - Treasury	C	INTEREST	II	
SP	SBC	I	DIVIDENDS	VII	
SP	SBC Stock Options Held	G	DIVIDENDS		
DC	BellSouth	C	DIVIDENDS	III	
DC	Exxon	C	DIVIDENDS	III	
DC	Fidelity Growth 2	D	CAPITAL GAINS	IV	
DC	Lucent	C	DIVIDENDS	III	
DC	SBC	C	DIVIDENDS	III	
DC	US West	C	DIVIDENDS	III	
DC	AG Edwards Contin	A	INTEREST	III	
DC	Media One	C	DIVIDENDS	III	
DC	USAA Tax free Long Term	A	INTEREST; CAPITAL GAINS	III	
DC	US Savings Bonds	A	INTEREST	III	
DC	BellSouth	C	DIVIDENDS	III	
DC	Exxon	C	DIVIDENDS	III	
DC	Fidelity Growth II	D	DIVIDENDS	IV	
DC	US West, Inc	C	DIVIDENDS	III	
DC	Media One	C	DIVIDENDS	III	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PETE SESSIONS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	AG Edward Jones		X													X																
DC	Service MASTER		X											X																		
DC	SBC		X											X																		
DC	Fidelity Advisor Growth				X									X										X								P
DC	Cisco				X									X										X								P
DC	CISCO					X								X												X						P
	Fidelity Growth II							X						X												X						
	CISCO / IRA				X									X										X								P
SP	CISCO / IRA				X									X								X										P

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SCHEDULE IV — TRANSACTIONS

Name PETE SESSIONS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	BRINSH STEEL - IRA	X			1.20.99		X								
	BRINSH STEEL - IRA		X		9.2.99		X								
	Fidelity Advisor Series VII Tech	X			9.7.99		X								
	CISCO - IRA	X			9.2.99		X								
SP	CISCO - IRA	X			9.7.99		X								
DC	CISCO	X			9.2.99		X								
DC	CISCO	X			9.2.99		X								
	CISCO	X			10.22.99	X									
DC	Fidelity Advisor VII Tech	X			8.18.99	X									
JT	Fidelity Advisor VII Tech	X			8.18.99		X								
SP	SKYTELL / MCI				8.30.99	X									
DC	Fidelity Advisor VII Tech	X			8.30.99	X									
DC	Fidelity Advisor VII Tech	X			8.30.99	X									
	Fidelity Advisor TECH	X			10.22.99	X									
DC	BRINSH STEEL		X		9.2.99		X								
DC	BRINSH STEEL		X		9.2.99		F								

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SCHEDULE IV — TRANSACTIONS

Name PETE SESSIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
SP	BRINSLH STEEL - IRA		X		9.2.99	X									
	NATIONS BANK - IRA		X		1.20.99	X									
SP	BRINSLH STEEL - IRA	X			1.20.99		X								
DC	BRINSLH STEEL	X			1.20.99		X								
DC	BRINSLH STEEL	X			1.20.99		X								

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Raycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	DCS, INC.	8.22.99 8.24.99	DALLAS - OAKLAND - DALLAS	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	EAST DALLAS YMCA
Advisory Member	Disciples of Holy Trinity

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

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OFFICE OF THE CLERK

MC ✓

(5)

June 7, 2000

The Honorable Jeff Trandahl
Clerk of the House of Representatives
H154 of the Capitol
Washington, D.C. 20515

HAND DELIVERED

Dear ~~Sir~~ JEFF

Enclosed, please find amendments to my Financial Disclosure Statement for the calendar year 1999. Listed below are the amendments.

On page 3 of 10, line 3, of my May 1999 report under block D it should be marked as $2,501-$5,000.

On page 3 of 10, line 4 of my May 1999 report under block D it should be marked as $50,000-$100,000.

On page 4 of 10, line 17 of my May 1999 report under block D it should be marked as $201-$1,000.

On page 4 of 10, line 18 of my May 1999 report under block D it should be marked as $1-$2,000.

On page 6 of 10, line 1 of my May 1999 report under block D it should be marked as $1-$200.

On page 6 of 10, line 2 of my May 1999 report under block D it should be marked as $1-$200.

On page 6 of 10, line 3 of my May 1999 report under block D it should be marked as $1-$200.

On page 7 of 10, line 11 to add the designation of "purchase" under the type of transaction.

Please find copies of these changes designated by red pen markings.
Questions may be referred to me at 202.225.2231.

Sincerely,

Pete Sessions
Member of Congress

PS/bw

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Name: Pete Sessions

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

HAND DELIVERED

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
Examples	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	AMERITECH/SBC			X										X									X									
	BELL SOUTH			X										X									X									
	Fidelity Advisor Tech				X									X			X															P
	Fidelity Advisor-Growth II							X						X			X															
	A.G. Edwards Center. M/M		X													X						X										
	AT&T			X										X								X										

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PETE SESSIONS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Bell Atlantic			X										X								X										
	Dallas Telco Credit Union		X													X						X										
	Lincoln Life Growth Fund 403-B			X										X			X						X									
	Nations Bank - IRA																															S
	SBC				X									X									X									
	Service Master			X										X								X										
	US House of Rep. Savings				X											X	X							X								
	US Savings Bonds			X												X							X									
	American Century - IRA Select				X									X			X						X									
JT	Lucent Technologies				X									X									X									
JT	Brazoria - Tax Exempt				X											X							X									
JT	AG Edwards - Money Market Centennial	X																				X										
JT	American Century - Select			X										X			X						X									
JT	Congressional Credit Union		X													X						X										
JT	Dreyfus Intermediate Muni Bond			X										X									X									
JT	Exxon				X									X										X								
JT	Nuveen Municipal Bond Fund				X											X																
JT	Oppenheimer Discipline			X												X																
JT	USAA Tax Exempt Long Term			X												X						X										
JT	USAA Money Market	X														X						X										
JT	Dallas Telco Credit Union	X														X						X										
JT	Property in Hunt, TX			X										Less than 2 Acres							X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PETE SESSIONS

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
DC	AG Edward Centered		X												X							X										
DC	Service MASTER		X											X																		
DC	SBC		X											X																		
DC	Fidelity Advisor Growth				X									X										X								P
DC	Cisco				X									X										X								P
DC	Cisco					X								X																		P
	Fidelity Growth II						X							X											X							
	Cisco / IRA				X									X										X								P
SP	Cisco / IRA				X									X								X										P

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Name PETE SESSIONS | Page 7 of 10

7 of 10

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	BRITISH STEEL - IRA	X			1.20.99		X								
	BRITISH STEEL - IRA		X		9.2.99		X								
	Fidelity Advisor Series VII Tech	X			9.7.99		X								
	Cisco - IRA	X			9.2.99		X								
SP	Cisco - IRA	X			9.7.99		X								
DC	Cisco	X			9.2.99		X								
DC	Cisco	X			9.2.99		X								
	Cisco	X			10.22.99	X									
DC	Fidelity Advisor VII Tech	X			8.18.99	X									
JT	Fidelity Advisor VII Tech	X			8.18.99		X								
SP	Skytell / MCI	X			8.30.99	X									
DC	Fidelity Advisor VII Tech	X			8.30.99	X									
DC	Fidelity Advisor VII Tech	X			8.30.99	X									
	Fidelity Advisor Tech	X			10.22.99	X									
DC	BRITISH STEEL		X		9.2.99		X								
DC	BRITISH STEEL		X		9.2.99		X								

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

00 MAY 15 PM 4:39

HAND DELIVERED

(Office Use Only)

John Barden Shadegg
(Full Name)

430 CHOB
(Mailing Address)

Washington DC 20515

Daytime Telephone
(202) 225-3361

Filer Status	[X] Member of the U.S House of Representatives	State AZ District 04	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL, AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John B. Shadegg	May 15, 2000

4291

Name John Barden Shadegg	Page 1 of 1

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Washington School District	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period; and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Arizona State Retirement, P.O. Box 33910, Phoenix, AZ	$50,001 - $100,000	Interest	NA	NA
Raymond James Financial Services - Alliance Technology Fund - IRA (rolled over from State Street Bank)	$15,001 - $50,000	Dividends	NA	NA
Raymond James Financial Services - Alliance Technology Fund - IRA (rolled over from State Street Bank	$15,001 - $50,000	Dividends	NA	NA

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Arizona Capital Group - Alliance Premier Growth Fund	$15,001 - $50,000	Dividends	NA	NA
	One-Fourth Interest in family summer home, 925 Blue Jay, Prescott, AZ	$15,001 - $50,000	Rent	$201 - $1,000	NA

Name John Barden Shadegg	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Banc One	Revolving charge account	$10,001 - $15,000
	Congressiona Federal Credit Union	Revolving charge account	$10,001 - $15,000
	MBNA America	Revolving charge account	$10,001 - $15,000

Name John Barden Shadegg	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
U.S. Chamber of Commerce	Feb. 14, 1999	Phoenix - LA - Phoenix	N	Y	N	No
Nuclear Energy Institute	March 4-6, 1999	D.C. - Las Vegas - D.C.	Y	Y	N	No

Name John Barden Shadegg	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board of Directors	Arizona Economic Forum
Board of Directors	Salvation Army
Board of Directors	Arizona Demolay Foundation
Board of Directors	Goldwater Institute for Public Policy
Commissioner	Arizona Character Education Commission
Board of Directors	Friends of Lake Powell, Inc.

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00 MAY 11 PM 1:12
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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Christopher Shays
(Full Name)

37 Beacon Street
(Mailing Address)

Bridgeport CT 06605

Daytime Telephone: 202/225-5541

Filer Status [X] Member of the U.S. House of Representatives — State: CT District: 04 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Christopher Shays	5/11/00

4298

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Peace Corps	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
DC First County Bank, Stamford	$1,001 - $15,000	Interest	$201 - $1,000	
SP Stamford Teachers Federal Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	
Connecticut State Employees Retirement System	$15,001 - $50,000	Interest	NA	
SP Connecticut State Employees Retirement System	$1,001 - $15,000	Interest	NA	
Astoria Federal (escrow account)	$1,001 - $15,000	Interest	$1 - $200	

4300

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce Mega Corporation	Mar.2 Aug 6-13	Wash., D.C.-Chicago-Wash., D.C. Wash., D.C.-Los Angeles-Cleveland	N Y	N Y	N Y	N 4 Days
Chateau Ste. Michelle, owned by United States Tobacco	2/16/99 - 2/16/99	Seattle, WA - Woodinville, WA - Seattle WA	N	Y	N	N

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 AM 11:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Bradley J. Sherman
(Full Name)

1524 Longworth HOB
(Mailing Address)

(202) 225-5911
Daytime Telephone

Washington DC 20515

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 24	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Brad Sherman	May 12, 00

4302

Name Bradley J. Sherman

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock					X							X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
	Dreyfus Fund						X								X			X								X							P/S
	Dreyfus CA Intermediate Muni Bond Fund							X							X										X								P/S
	Dreyfus CA Tax Exempt Bond Fund (Address:				X										X			X								X							P/S
	Dreyfus Fund, Box 9387 Providence, RI 02940)																																

For additional assets and unearned income, use next page.

Name Bradley J. Sherman

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (Dividends; Rent; Interest; Capital Gains; Excepted Trust; Qualified Blind Trust; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT	*Examples:* SP Mega Corp Stock	E	Dividends: X	IV	P
	Simon & Schuster	Indefinite	Other Type of Income: Royalties	IX	
	1st Bank of Paducah, KY accounts	F	Interest: X	VI	
	Bembee Draw	B	Other Type of Income: Royalties	III	
	Hambert	B	Other Type of Income: Royalties	III	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Bradley J. Sherman

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	The address for the following 3 assets is: David Gould, Treasurer 555 S. Flower St. #4510 Los Angeles, CA 90071																															
	Notes payable by Sherman for Congress							X													X											
	Notes payable by Friends of Brad Sherman			X																	X											
	Notes payable by Sherman 1994 State Committee			X																	X											
	See notes regarding valuation of above promisory notes																															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Bradley J. Sherman

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Value of CPA practice equipment, including furniture		x																		x										
	Union Bank of CA (Los Angeles, CA)		x													x						x									P/S
	Bank of America (Santa Monica, CA)			x												x						x									P/S
	Cal Fed IRA					x														N/A						N/A					
	CA State Legislators Retirement Pension from service on the CA State Board of Equalization, valued on 6/30/99 (end of fiscal year)						x													N/A						N/A					

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4306

SCHEDULE IV — TRANSACTIONS

Name

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	(See Notes)														

This page may be copied if more space is required.

4307

Notes regarding personal financial disclosure of Congressman Brad Sherman for FY 1999
To accompany *Schedule III*

Notes payable by "Friends of Brad Sherman" and by the "Sherman 1994 State Committee" are valued at face value excluding accrued but unpaid interest. These two political committees are unlikely to pay said accrued but unpaid interest. Said committees expect to repay the principal that they borrowed.

Notes payable by the "Sherman for Congress" committee are valued at half of the stated principal amount excluding accrued but unpaid interest. The value of these promissory notes is uncertain and no payment of principal was made by this committee between mid - 1996 and December 31, 1999. The valuation of promissory notes payable by political committees has been done to the best of my ability and is consistent with the advice given by the staff of Committee on Standards of Official Conduct.

While the committee did not make payments on the principal it owed during 1999, it did make some such payments early in the year 2000, thus leading to a best-estimate that its promissory notes were worth half of their state principal amount.

To accompany *Schedule IV*

Pursuant to my conversation with the staff legal counsel of the House Committee on Standards of Official Conduct the following are not disclosed on this Schedule (through they are reflected on Schedule III):

(i) partial loan repayments received from political committees, (ii) loan I made to political committees, and (iii) deposits to and checks written on checking accounts,money market accounts and mutual funds, (iv) contributions to and roll-overs of IRAs. The IRAs were bank certificates of deposit and did not involve individual stocks.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY 25 PM 3:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC (6)
HAND DELIVERED
(Office Use Only)

Don Sherwood
(Full Name)

41 Sherwood Ln
Tunkhannock PA 18657
(Mailing Address)

Daytime Telephone: 202 225 3731

Filer Status	[X] Member of the U S House of Representatives — State PA District 10	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Don Sherwood	5/15/00

Name Don Sherwood	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Sherwood Chevrolet Inc		10,000.-

For payments to charity in lieu of honoraria, use Schedule II.

4310

Name Don Sherwood | Page 1 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp Stock					X							X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts						X								X										X						
	SBI Managmnt Inc								X								X				S Corp							X					
	Keystone Chrysler							X									X				S Corp						X						
	Abington Chevrolet									X							X				S Corp					X		X					
	Walter Sherwood Chev					X																X											
	Sherwood Chevrolet									X						X	X				S Corp							X					
	Horlacher + Sherwood									X						X												X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Don Sherwood

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
Sp	General Dynamics			X										X									X								
	Peoples Ltd						X							X												X					
	GEN Motors Corp						X							X											X						
Sp	Atlantic RichfIld			X										X									X								
	Emerson Electric			X										X										X							
Sp	PPG Resources			X										X									X								
Sp	Merrill Lynch			X										X								X									
	Electronic Data Systems			X										X								X									
	First Union Corp							X						X		X										X					
	Quaker Oats			X										X									X								
	Guaranty Bank			X																	X										
	Prudential Ins Co			X												X							X								
	Peoples Nat'l Bank		X													X						X									
	Oriental & Co LLC		X											X								X									
	Penn Enterprises			X										X								X									
	Com Bank Corp			X										X								X									
	Peoples Financial Server			X										X									X								
	PNC Bank Corp				X									X											X						
	Progress Financial Corp			X										X								X									
	Western Star Truck				X									X									X								
	D'Agata Sherwood Realty							X												Partnership							X				
DC	Sherwood Gwo Inc					X										X									X						

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Name Don Sherwood | Page 1 of 1

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	PNC Bank	Line of Credit				X						
	First Union Bank	Line of Credit		X								
	First Union Bank	Mortgage 146 E Tiogas St Tuckahoe			X							
	Mellon Bank	Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page
Don Sherwood	1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
(1) President	Sherwood Chrv Inc
(2) President	Harlochart Sherwood
(3) President	Walter Sherwood Chrv Buick
(4) Corp Secretary	SBI Managed Inc
(5) Corp Secretary	Abington Chrv Inc
(6) Corp Secretary	Kingston Chrysler
(7) Director	Peoples State Bank
(8) Partner	D'Agata Sherwood Realty
(9) V Pres	Sherwood Farms Ltd

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2000 62-753 (mec)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

00 MAY 15 PM 6:28
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

John Mondy Shimkus
(Full Name)

504 Sumner Boulevard
(Mailing Address)
Collinsville IL 62234

Daytime Telephone: 202/225-5271

Filer Status	[X] Member of the U.S. House of Representatives	State: IL District: 20	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule II

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [X] No [ ]
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? — Yes [ ] No [X]
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? — Yes [X] No [ ]
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [ ] No [X]
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes [ ] No [X]
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 15, 2000

4315

Name John Mondy Shimkus

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Orlando County Board of Education	Spouse Salary	NA
	Holy Cross Lutheran Church, Collinsville, IL (spouse)	Contractual	$255.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples:* SP 123 Main St., Dover, Del. JT	Mega Corp. Stock $250,001 - $500,000 1st Bank of Paducah, KY accounts	$15,001 - $50,000 Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT 116 Kenwood, Collinsville, IL	$50,001 - $100,000	Rent	$5,001 - $15,000	
JT 440 Spring, Collinsville, IL	$15,001 - $50,000	Rent	$2,501 - $5,000	
JT PIMCO Funds	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000	
DC Putnam Health Sciences Trust	$1,001 - $15,000	Dividends	None	
DC Putnam Health Sciences Trust	$1,001 - $15,000	Dividends	None	
JT 20th Century Growth Inv. Deferred Comp.	$15,001 - $50,000	Capital Gains and Dividends	$5,001 - $15,000	
JT Lutheran Brotherhood Money Market Fund	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Lutheran Church Extension Fund	$1,001 - $15,000	Interest	$1 - $200	
JT	Thrift Savings Plan	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
JT	Putnam Investors Fund-CLSA	$15,001 - $50,000	Capital Gains and Dividends	$5,001 - $15,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	IRA Fidelity Destiny Plan (converted to PIMCO Funds)	Exchange	02/01/99	$50,001 - $100,000
JT	Franklin Income Fund (the asset was actually redeemed on March 21, 1995 for $2,149.27--it was reported in error on last year's disclosure	Sold	03/21/95	$1,001 - $15,000

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor Example: First Bank of Wilmington, Delaware	Type of Liability Mortgage on 123 Main St., Dover, Del.	Amount of Liability $100,001 - $250,000
JT	Collinsville Building & Loan Association	Mortgage on 116 Kenwood, Collinsville, IL	$10,001 - $15,000
JT	General Motors Acceptance Corp. St. Louis, MO	Car Loan	$10,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Baltic American Freedom League, Inc.	March 19 - 22, 1999	St. Louis-Los Angeles-St. Louis	Y	Y	Y	N
National Association of Broadcasters	February 18 - 21, 1999	St. Louis-Dallas-San Jose Del Cabo, Baja California, Mexico-Dallas-St. Louis	Y	Y	Y	N

Gifts received by Congressman Shimkus – 1999
All of Nominal Value

January 4	Book (When you Say I do, God says I will) Covenant Marriages Ministry
January 5	Book (Inside China Mainland) Institute of Current China Studies
January 6	Book (Environmental Management in Design) Washington External Affairs—RAND
January 6	Calendar National Multiple Sclerosis Society
January 6	Book (Countdown to Reform) The Twentieth Century Fund
January 7	Book (Silencing Science) The Junk Science Home Page
January 8	Book (How Leo Learned to be King) North-South Books
January 8	Stuffed Lion North-South Books
January 8	Book (State of the World) World Watch Institute
January 12	Alka Seltzer Alka Seltzer Company
January 12	Book (Medicine's Great Journey Schering-Plough
January 13	Book (Tales of the Dragon) HIS IMAGE
January 13	King Sheet Cake Rep. Bill Tauzin
January 13	Book (Red Sky in the Morning) Campus Crusade for Christ

January 14	Calendar Burlington Northern Suffolk
January 15	Presidential Studies Quarterly Center for the study of the Presidency
January 18	Calendar VSA
January 18	Calendar Golden Apple Foundation
January 19	Book (The Delicate Balance) The Heritage Foundation
January 22	Calendar Association of Clinicians for Underserved
January 25	Book (Implementing the Personal Responsibility Act of 1996 The Nelson A. Rockefeller Institute of Government
January 26	Book (America, Working) NISH
February 1	Plaque (Cool RR Quote) Dick Armey
	Book (They Dare to Speak Out) Paul Findley
February 3	Calendar American Water Works
February 4	Book (Federalization of Criminal Law) American Bar Assc.
	Book (The Zapatista) RAND
February 5	Book (The United States and Africa) The American Assembly
	Video (J.C. Watts Speech) Century Strategies
February 8	Calendar (U.S. Grains Council)

	Taipei Economic
February 10	Mouse Pad National Assoc. of Fed. Credit Unions
	Book (A Gathering of Eagles) Genesis Communications Inc.
February 15	Cookie Cutter International Council of Shopping Centers
	Calendar (Feliz 1999) Western Bank
	Picture (Flag w/ Eagle) Don and JoAnn Metzler
	BBQ Sauce Charles Brennan (KMOX)
February 17	T-Shirt & Bottle of Gatorade Penny Cate/Gatorade
	Calendar (Marine Life) Center for Marine Conservation
	Video (Gladiators of the Deep) Recreational Fishing Alliance
February 18	Book (Orbis) Foreign Policy Research Institute
February 19	Vitamins, taco dip, note pad, pen ADM
	Book on Tape (Writers...) Assoc. of American Publishers
	Stand Up For Steel sweatshirt Granite City Steel, Bob Maxwell
	Book (Journey through the Years) Cox Enterprises, Inc.
	Bean Bag (Cell Phone)

	Cellular Telecommunications Industry
February 20	Calendar (Rails to Trails) Rails to Trails Conservancy
	Polo Shirt Mercy Health Care Systems
	Stickers, Pins AARP
	Airplane (unfortunately a model) Boeing
	Book (The ultimate gift) America's Crisis Pregnancy Helpline
	Tape, Cards (Alice in Wonderland) NBC
February 22	Video Tape (Case Study Reel) Hanon McKendry
February 26	Information Cube Assoc. for America's Public Telephone
	CD (Defense Reform) Department of Defense
March 1	Girl Scout Cookies Bell Atlantic
	T-shirt Citizens for a Sound Economy
	CD (Catholic Schools) Office of Catholic Education
March 3	Beannie Phone Cellular Telecommunications
	Golf Balls Parks and History Association
	Book (Beyond High Tech)

	AMD
March 8	CD (Born of the Human Soul)
	Medals Vytautas Landsbergis
	Book (Saeimas Nams) Janis Straume
	Book (Using Process Redesign..) RAND
March 9	Bag with pen, pencil, stress ball Children's Home & Society
	T-Shirt (Cherry Blossom) Nortel Networks
March 11	Video (Scorpius) Ritter and Bourjaily, Inc.
	Tie First Lady Lura Lynn Ryan
March 13	Candle, Lotion, Crayons Illinois Soybean Association
	Golf shirt Chicago Mercantile Exchange
March 16	Book (The Four Powers…) Lind & Kyle Consultants
	Chips, Salsa Local TV on Satellite
	Book (Yearbook of American…) Yearbook of American & Canadian Churches
March 18	Christmas Ornament Springfield Children's Museum
March 19	Dental Care

	Illinois State Dental Society
March 22	"Breakfast with Miss Minnie and Friends" Walt Disney Company
	Video (Greece – Fountainhead) American Hellenic Info. Group
March 23	Video (The Danger of Al Gore) EIR Talks
March 24	Book (Doing Business in Lithuania) Lideika, Petrauskas, Valiunas IR
	Video (WGEM TV) WGEM TV
March 26	Book (None Dare call it Education) Michael Galbreath
	Illinois Legislative Directory Illinois Energy Association.
March 27	Ballpoint pens (2) J.L. Hubbard Company, Decatur
	Book (North American Home…) National Association for Home Care
March 29	Book (V Vector) Senator Orrin Hatch
	Book Mark Tribute Gift Collection
	Candle Kendall Cole
April 1	Brochures on Berlin Berlin Partner
	Book (Peril in Panama) National Security Center
April 6	Book (God Bless America)

	Zondervan Publishing House
	Book (Understanding Modern…) L. Randall Wray
April 8	Purell Hand Sanitizer Tom Sawyer
	Jacket Chicago Board of Trade
April 13	Container & Asprin NFIB
April 15	Book (Changing the world…..) Bayer
	Book (A song for Mary) Assoc. of American Publishers
April 17	Book (Essays on Leadership) Carnegie Commission on Preventing Deadly Conflict
	Book (The IRS v. The People) The Heritage Foundation
April 18	Book (What every Patient…) American Psychiatric Association
	Model F-15Eagl Boeing Corp.
April 20	Hanging plant Corinne Grah
	CD (National Day of Prayer) National Day of Prayer Task Force
April 21	Book (State of the World) Turner Foundation
	Book (The Great Salmon Hoax) Cong. Chenoweth
	Coffee mug

Francis Rees, Editor. Salem Times Commoner

April 22 1mini-football helmet
Schutt Manufacturing

Hand painted box
Roxann Risley – Baylis, IL

April 23 Film (Yugoslavia: Death of.....)
Discovery Channel

Book (The Rockefeller Foundation)
The Rockefeller Foundation

April 24 Calendar (1999 Fire Fighters....)
International Assoc. of Firefighters

Book (A Legislative History...)
Pacific Community Institute

Book (100 faces of Health Care)
American Hospital Assoc.

Barbecue sauce
Charles Brennan

Book (The Greedy Hand)
Dick Armey

April 25 Clock
Jumper for the new baby
Bond County Republicans

April 26 Video (The Sorid Facts...)
The Center to Protect Workers' Rights

Farmer's Almanac

Booklet (The Bridge You'll Never Cross)
Garth Henrichs – East Parkview

Congressional Directory
Preston, Gates, Ellis, & Rouvelas, Meeds

	Book (Animal Experimentation) Hidden Springs Press
	Videos (The Greening of the Planet) Greening Earth Society
April 28	Poster (Be Kind to Animals) American Humane Association
	Milk Jar International Dairy Foods Association
	Coffee Mug Children's Scholarship Fund
May 5	Power-Pal Magic Jar Opener Braille Alphabet sheet Mini Mouse Pad Large Mouse Pad Alliance highlighter Alliance pencil Measuring tape Comb ALLIANCE LIBRARY SYSTEM
	Book (Frontier Illinois) ALLIANCE LIBRARY SYSTEM BOARD OF DIRECTORS
	Edwardsville Public Library Note Cards EDWARDSVILLE PUBLIC LIBRARY
May 6	Movie (Looking Beyond, Reinventing the Adler Planetarium & Astronomy Museum) ADLER PLANETARIUM & ASTRONOMY MUSEUM
May 7	Post-It Notepad AMERICAN HEART ASSOCIATION
May 7	UPS Model Van, Key Chains St. Joseph's Hospital, Breese
May 10	Black 'A' Baseball Cap Baseball Uniform WESTPOINT

Book (Autobiography: Frank P. Carnese, LLB: *...In the Cesspool of Power*)
FRANK CARNESE, FLUSHING, NY

May 11 106th Congressional Directory
NATIONAL ASSOCIATION OF LETTER CARRIERS

Bottle Warmer
T-shirt
MIGRATORY WATERFOWL HUNTERS, Alton, IL

T-shirt
CHICAGO MERCANTILE EXCHANGE

May 13 106th Congressional Directory
NATIONAL MINING ASSOCIATION

May 14 Understanding Kosovo (video)
BRITISH BROADCASTING CORPORATION

May 17 Video (Shimkus Event)
Chuck Fisher

May 18 106th Congressional Directory
BRISTOL-MYERS SQUIBB COMPANY

Brown Bag of Food: 1 Orange, 3 Apples, 1 Banana
Registration forms for the Race for the Cure
ELI LILLY AND COMPANY

Book (The Best Parent Is Both Parents)
CHILDREN'S RIGHTS COUNCIL

Yellow Ribbon/Stick Pin
ANGELS ON ASSIGNMENT

Book (Health Policy-the Hard Way)
HOPE PUBLISHING HOUSE

Pine tree plug
AMERICAN FOREST & PAPER ASSOCIATION

May 19 106th Congressional Directory
CONSUMER ELECTRONICS MANUFACTURERS ASSOCIATION

	Gym Bag [Gym Bag full of…] Food/Candy NATIONAL ASSOCIATION OF CONVENIENCE STORES
May 20	Music C.D. ("Sing America") TIME WARNER
	Book (Tuesdays with Morrie) ALS
May 24	Book (Vital Signs 1999; the Environmental Trends that are Shaping Our Future) WORLDWATCH INSTITUTE
	Video (Achieving Best Medical Care) HEALTHCARE LEADERSHIP COUNCIL
	Plaque A Hand Up, Inc. Decatur, IL
May 25	Bag of Food WIC Program
	Commemorative Patch & Pin UNITED SPACE ALLIANCE
May 26	Membership Directory WASHINGTON AREA NEW AUTO. DEALERS ASSN.

NEW DATE	GIFT	FROM
06/02/1999	book, The End of Money	Hon. Thomas E. Petri

COST, IF ANY	ADDRESS
25	2262 RHOB Washington, DC 20515

NEW DATE	GIFT	FROM
06/02/1999	video, Towns and Tribes	Cabazon Band of Mission Indians

COST, IF ANY	ADDRESS
	84-245 Indio Springs Dr. Indio, California 92203

NEW DATE	GIFT	FROM
05/31/1999	painting	Mr. amd Mrs. Stan Smith

COST, IF ANY	ADDRESS
49	

NEW DATE	GIFT	FROM
06/02/1999	cap, polo shirt	Korte Construction

COST, IF ANY	ADDRESS
15,25	Highland, IL

NEW DATE	GIFT	FROM
6\7\99	cap	Home Nursery

Sheet1

COST, IF ANY ADDRESS
Damionsville, IL

NEW
DATE GIFT FROM
06/08/1999 Pendant Americans For our Heritage and Recreation

COST, IF ANY ADDRESS
900 17th Street, NW, Suite 300
Washington, DC 2006

NEW
DATE GIFT FROM
06/08/1999 gun lock Hon. Julia Carson

COST, IF ANY ADDRESS
1541 LHOB

NEW
DATE GIFT FROM
06/10/1999 cologne Camille Mc Danald
Givenchy
COST, IF ANY ADDRESS
717 Fifth Ave
New York, NY 10022

NEW
DATE GIFT FROM
06/10/1999 video, Media Violence Effects on Soceity PAX TV
COST, IF ANY ADDRESS

NEW
DATE GIFT FROM
06/14/1999 book, Great and Extraordinary Occasions The Constitution Project
COST, IF ANY ADDRESS
1755 Massachusetts Avenue, Suite 400
Washington, D.C. 20036

NEW
DATE GIFT FROM
06/14/1999 book, Techniques for Exploring Consciousness Resurfacing Avatar
COST, IF ANY ADDRESS
237 N. Westmonte Dr.

Sheet1

Alta Monte Springs, FL 32714

NEW
DATE GIFT FROM
06/14/1999 video, Y2K Community Conversations Y2K Community
COST, IF ANY ADDRESS
www.y2k.gov

NEW
DATE GIFT FROM
06/15/1999 magnifing glass and pen Close up Foundation

COST, IF ANY ADDRESS
44 Canal Center Plaza
Alexandria, Va 22314

NEW
DATE GIFT FROM
06/15/1999 book, Business at the Speed of Light Microsoft
COST, IF ANY ADDRESS
30 www.microsoft.com

NEW
DATE GIFT FROM
06/17/1999 calculator RCGA
St. Louis Regional Commerce and Growth Association
COST, IF ANY ADDRESS

NEW
DATE GIFT FROM
06/17/1999 video, Mr. Shimkus goes to Washington Mr. Peter Choma
COST, IF ANY ADDRESS
1418 Mill Rd
Trenton, IL 62293

NEW
DATE GIFT FROM
06/17/1999 frisbee Telcordia Technologies

COST, IF ANY ADDRESS
http://telecom-info.telcordia.com

NEW
DATE GIFT FROM
06/17/1999 T-Shirt CARE

COST, IF ANY ADDRESS

Sheet1

NEW
DATE GIFT FROM
06/19/1999 video, The Public Land Trust Office of Hawaiian Affairs

COST, IF ANY ADDRESS
711 Kapiolani
Honolulu, Hawaii 96813

NEW
DATE GIFT FROM
06/21/1999 CD, Pro-Life Commentaries SBA List

COST, IF ANY ADDRESS
228 South Washington Street
Suite 105
Alexandria,VA 22314

NEW
DATE GIFT FROM
06/21/1999 book, No Justice, The 6 Million Dollar Disaster Aqua Leisure

COST, IF ANY ADDRESS
525 Bodwell Street
PO Box 239
Avon, MA 02322

NEW
DATE GIFT FROM
06/21/1999 t-shirt Childrens Congress

COST, IF ANY ADDRESS
1320 Old Chain Bridge Road
Suite 330 McLean, VA 22101

NEW
DATE GIFT FROM
06/21/1999 stress thing Nissan

COST, IF ANY ADDRESS

NEW
DATE GIFT FROM
06/23/1999 T-shirt CYLC
Congressional Youth Leadership Council

COST, IF ANY ADDRESS

Sheet1

NEW
DATE GIFT FROM
06/25/1999 book, Heritage Foundation Resources: A Guide for Congress The Heritage Foundation
COST, IF ANY ADDRESS
214 Massachusetts Ave., N.E.
Washington, D.C. 20002

NEW
DATE GIFT FROM
06/25/1999 book, The Shelter of Each Other: Rebuilding our Families Hon. Moran, Hon. Greenwood
COST, IF ANY ADDRESS
12.95

NEW
DATE GIFT FROM
06/25/1999 baseball Business Software Alliance
COST, IF ANY ADDRESS
1150 18th Street, N.W.
Washington, DC 20036

NEW
DATE GIFT FROM
06/25/1999 video, Partners Colien Hefferan
USDA
COST, IF ANY ADDRESS
Washington, DC 20250

NEW
DATE GIFT FROM
06/30/1999 tape and video, Coral Ridge Ministries Center For Reclaiming America
COST, IF ANY ADDRESS
PO Box 632
Fort Lauderdale, FL 33302

NEW
DATE GIFT FROM
06/30/1999 3 bottles of Nellie's and Joe's Key Lime juice and a snowglobe Mr. Spies (consituent)
COST, IF ANY ADDRESS
$33

NEW

Sheet1

DATE	GIFT	FROM
06/30/1999	calendar	United States Capitol Historical Soceity

COST, IF ANY

ADDRESS
200 Maryland Ave. N.E.
Washingto, DC 20002

NEW

DATE	GIFT	FROM
06/30/1999	book, Real Boys	Hon. Greenwood Hon. Moran

COST, IF ANY

ADDRESS
Washington, DC

NEW

DATE	GIFT	FROM
06/30/1999	casette tape	CATO

COST, IF ANY

ADDRESS
1000 Massachusetts Ave., N.W.
Washington, DC 20001

NEW

DATE	GIFT	FROM
06/30/1999	video, Vilnius the Symbol of Europe	Vilnius on video

COST, IF ANY
$25

ADDRESS
POB 558
LT-2024

NEW

DATE	GIFT	FROM
07/02/1999	18 ears of corn, 3 tomatoes	Keller's Farm

COST, IF ANY

ADDRESS
Collinsville

NEW

DATE	GIFT	FROM
07/05/1999	book, Peril in Panama	National Security Center

COST, IF ANY

ADDRESS
10560 Main Street, #217
Fairfax, VA 22030

NEW

DATE	GIFT	FROM
07/06/1999	cook book, Truckers in the	Truckload Carriers Association

Sheet1

Kitchen

COST, IF ANY
ADDRESS
2200 Mill Road
Alexandria, VA 22314

NEW
DATE | GIFT | FROM
07/06/1999 | Illinois Society of Association Executives Member Directory | ISAE

COST, IF ANY
ADDRESS
PO Box 7513
Springfield, IL 62791

NEW
DATE | GIFT | FROM
07/06/1999 | video, The LaRouche Doctorine | Executive Intelligence Review

COST, IF ANY
ADDRESS
PO Box 17390
Washington, DC 200041

NEW
DATE | GIFT | FROM
07/07/1999 | plaque, mug | Mayor Bobbie Amburg
Grafton City Council

COST, IF ANY
$28
ADDRESS

NEW
DATE | GIFT | FROM
07/08/1999 | coin | Southwestern Illinois Leadership Council
Ron Capek

COST, IF ANY
$25
ADDRESS

NEW
DATE | GIFT | FROM
07/13/1999 | peaches | South Carolina Congressional Delegation

COST, IF ANY
ADDRESS

NEW
DATE | GIFT | FROM
07/13/1999 | bag | ACES
Association for children for Enforcement of Support

COST, IF ANY
ADDRESS
2260 Upton Ave.

Sheet1

Toledo, OH 43606

NEW
DATE 07/14/1999
GIFT video, When Seconds Count
FROM Res Q Disc
Thomas Sytko, CEO
COST, IF ANY
ADDRESS
RESQDISC @AOL.COM

NEW
DATE 07/15/1999
GIFT model rocket
FROM US Space and Rocket Center
COST, IF ANY
ADDRESS
PO Box 070015
Huntsville, AL 35807

NEW
DATE 07/15/1999
GIFT Clinton stamps
FROM McDonalds Communications
COST, IF ANY
ADDRESS
1355 W. Palmetto Park Road
Boca Raton, FL 33486

NEW
DATE 07\16\1999
GIFT Country Bob's Asstd. Seasonings
FROM Terry Edson
COST, IF ANY
ADDRESS
PO Box 706
Centralia, IL 62801-0706

NEW
DATE 07/16/1999
GIFT decal, pin
FROM United Spaces Alliance
COST, IF ANY
ADDRESS
1150 Gemini
Houston, TX 77058

NEW
DATE 07/16/1999
GIFT poster
FROM Office of Hawaiian Affairs
COST, IF ANY
ADDRESS
711 Kapiolant Boulevard, Suite 500
Honolulu, Hawaii 96813

Sheet1

NEW
DATE GIFT FROM
07/20/1999 book, Regulators Revenge CATO Institute

COST, IF ANY ADDRESS

NEW
DATE GIFT FROM
07/20/1999 book, The Coming Charitable Revolution National Heritage Foundation
COST, IF ANY ADDRESS
6218 Beachway Drive
Falls Church, VA 22041

NEW
DATE GIFT FROM
07/21/1999 CD, Among the Missing Hon. Nick Lampson

COST, IF ANY ADDRESS
417 Cannon

NEW
DATE GIFT FROM
07/22/1999 pin the Savings Coalition of America

COST, IF ANY ADDRESS
1225 I street, NW
Suite 500
Washington, DC 20005

NEW
DATE GIFT FROM
07/24/1999 book, Water Quality Problems and Solutions The Heritage Foundation
COST, IF ANY ADDRESS
214 Massachusetts Ave., NW
Washington, DC 20002

NEW
DATE GIFT FROM
07/24/1999 polo shirt Ed Smith
Laborer's Union
COST, IF ANY ADDRESS
$30 117 S. 5th Street, Suite 712
Springfield, IL 62701

Sheet1

NEW
DATE GIFT FROM
07/24/1999 video, The Great American Field Trial M.B. Corlew & Associates, INC
COST, IF ANY ADDRESS
707 North Main Street, PO Box 597
Edwardsville, IL 62025

NEW
DATE GIFT FROM
07/24/1999 Guide on Chronic Care National Chronic Care Consortium

COST, IF ANY ADDRESS
8100 26th Ave. South
Suite 120
Bloomington, MN 55425

NEW
DATE GIFT FROM
07/24/1999 pen Illinois Fertilizer & Chemical Association

COST, IF ANY ADDRESS

NEW
DATE GIFT FROM
08/02/1999 audio tape CATO Audio

COST, IF ANY ADDRESS
1000 Massachusetts Ave, NW
Washington, DC 20001

NEW
DATE GIFT FROM
08\02\1999 Russian decorative bowl Russian Stacking dolls Terry Edson

ADDRESS
PO Box 706
Centralia, IL 62801-0706

NEW
DATE GIFT FROM
08/02/1999 clock Small Business Growth Corporation

COST, IF ANY ADDRESS
2921 Greenbriar Dr., Suite C
Springfield, IL 62704

NEW

Sheet1

DATE	GIFT	FROM
08/03/1999	video, Building Bridges to Peace	HADASSAH

COST, IF ANY

ADDRESS
50 West 58th Street
New York, NY 10019

NEW

DATE	GIFT	FROM
08/03/1999	book, Disability in US President	Hon. Richard Burr

COST, IF ANY

ADDRESS
1513 LHOB

NEW

DATE	GIFT	FROM
08/04/1999	book, 1999-2000 Advisory List	Hon. Paul Simon former member of Congress

COST, IF ANY

ADDRESS

NEW

DATE	GIFT	FROM
08/05/1999	video, Securing America's Futur	J.C. Watts, Jr. Chairman

COST, IF ANY

ADDRESS
1210 LHOB

NEW

DATE	GIFT	FROM
08/05/1999	book, Social Security and its Enemies	Institute For America's Future

COST, IF ANY

ADDRESS
1025 Connecticut Ave., NW
Suite 205
Washington, DC 20036

NEW

DATE	GIFT	FROM
08/06/1999	book, Toward an International Criminal Court	Council On Foreign Relations

COST, IF ANY

ADDRESS
58 E. 68th Street
New York, NY 10021

NEW

DATE	GIFT	FROM

Sheet1

08/07/1999	commemorative picture	CUNA and Affiliates

COST, IF ANY

ADDRESS
805 15th Street, NW
Suite 300
Washington, DC 20005

NEW DATE	GIFT	FROM
08/09/1999	poster	Helping Hands for America's Lands

COST, IF ANY

ADDRESS
734 15th Street, NW
Suite 420
Washington, DC 20005

NEW DATE	GIFT	FROM
08/10/1999	audio tape	First Dallas Securities

COST, IF ANY

ADDRESS
2905 Maple Ave.
Dallas, Texas 75201

NEW DATE	GIFT	FROM
08/10/1999	videos	Chris Seeger Federal Legislative Affairs

COST, IF ANY
$11

ADDRESS
1455 F Street, NW
Suite 420
Washington, DC 20004

NEW DATE	GIFT	FROM
08/12/1999	book, Introducing American Politics	Totem Books

COST, IF ANY

ADDRESS
457 Broome Street
New York, NY 10013

NEW DATE	GIFT	FROM
08/13/1999	book, Global Science & Technology Information	RAND

COST, IF ANY

ADDRESS
1333 H Street NW
Washington, DC 20005

NEW DATE	GIFT	FROM
08/15/1999	peaches	Gene and Rose Stumpf

Sheet1

COST, IF ANY ADDRESS
$15

NEW
DATE GIFT FROM
08/16/1999 framed stamp Colinsville Post Office

COST, IF ANY ADDRESS
$10

NEW
DATE GIFT. FROM
08/25/1999 book, America: Who Really Pays The Taxes? International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths& Forgers
COST, IF ANY ADDRESS
$10 2722 Merrilee Dr., Suite 360
Fairfax, VA 22031

NEW
DATE GIFT FROM
08/26/1999 framed stamp Collinsville Post Office

COST, IF ANY ADDRESS
$40

NEW
DATE GIFT FROM
08/26/1999 Lapel Pin Replica of stamp Colinsville Post Office

COST, IF ANY ADDRESS
$3

NEW
DATE GIFT FROM
08/26/1999 1 and 1/2 dozen homemade coconut chocolate bars Mary Lou Lehr
COST, IF ANY ADDRESS
Greenfield, IL

NEW
DATE GIFT FROM
08/26/1999 Mug & Pin Emily Esarey
Gregory Farm
COST, IF ANY ADDRESS

$15 R.R. 1, Box 94
White Hall, IL 62902

NEW
DATE GIFT FROM
08/26/1999 2 dozen chocolate chip cookies Larry Ballard

COST, IF ANY ADDRESS
Carrollton

NEW
DATE GIFT FROM
08/27/1999 frisbee Cystic Fibrosis Foundation

COST, IF ANY ADDRESS
6917 Arlington Road, Suite 308
Bethesda, MD 20814

NEW
DATE GIFT FROM
08/27/1999 notepad - 50 pages Citizens for a Sound Economy

COST, IF ANY ADDRESS
1250 H. Street NW
Washington, DC 20005

NEW
DATE GIFT FROM
08/30/1999 book, The Welfare of My Neighbor Family Research Council

COST, IF ANY ADDRESS
801 G St. NW
Washington, DC 20001

NEW
DATE GIFT FROM
08/30/1999 plaque BJC Illinois Rural Region hospitals

COST, IF ANY ADDRESS
$15 Clay County, Fayette County, Salem

NEW
DATE GIFT FROM
09/02/1999 notepad Brookfield Zoo

COST, IF ANY ADDRESS

Sheet1

NEW
DATE GIFT FROM
09/03/1999 book, The Scientific Basis of Vegetarianism William Harris, Neal Bernard, Alex Hershaft
COST, IF ANY ADDRESS
$16 5100 Wisconsin Ave. NW
Washington, DC 20016

NEW
DATE GIFT FROM
09/03/1999 book, Kids Killing Kids Strang Communications co.
COST, IF ANY ADDRESS
600 Rinehart Rd.
Lake Mary, FL 32746

NEW
DATE GIFT FROM
09/07/1999 book, The Darkest Obfuscation A. Terril
COST, IF ANY ADDRESS
4027-C Rucker Ave. #108
Everett, WA 98201

NEW
DATE GIFT FROM
09/07/1999 book, Intellectual Pilgrims Newt Gingrich
COST, IF ANY ADDRESS

NEW
DATE GIFT FROM
09/07/1999 plastic cup Citizens for a Sound Economy
COST, IF ANY ADDRESS
1250 H St. NW suite 700
Washington, DC 20005

NEW
DATE GIFT FROM
09/09/1999 book, How Now Shall We Live? Tyndale House Publishers
COST, IF ANY ADDRESS
351 Executive Drive
Carol Stream, IL 60118

Sheet1

NEW
DATE
09/08/1999

GIFT
video, Living in Fear and Uncertainty

FROM
Working Group on Vieques

COST, IF ANY

ADDRESS

NEW
DATE
09/09/1999

GIFT
baseball cap

FROM
History Channel

COST, IF ANY

ADDRESS
235 East 45th Street
New York, NY 10017

NEW
DATE
09/09/1999

GIFT
video, Does Air Superiority Matter?

FROM
Air Force Association

COST, IF ANY

ADDRESS
1501 Lee Highway
Arlington, VA 22209

NEW
DATE
09/09/1999

GIFT
water bottle

FROM
Alliance for Community Media

COST, IF ANY

ADDRESS
666 11th St NW
Washington, DC 20001

NEW
DATE
09/09/1999

GIFT
Road Atlas and assorted gifts

FROM
Township Officials of Illinois

COST, IF ANY

ADDRESS
408 South Fifth Street
Springfield, IL 62701

NEW
DATE
09/10/1999

GIFT
video, Medicare Commercial

FROM
National Committee to Preserve Social Security and M

COST, IF ANY

ADDRESS
10 G St NE Suite 600
Washington, DC 20002

Sheet1

NEW

DATE	GIFT	FROM
09/10/1999	video, Inside Military Academies	USAA, the Educational Foundation

COST, IF ANY

ADDRESS
1455 F Street, NW Suite 420
Washington, DC 20004-1004

NEW

DATE	GIFT	FROM
09/10/1999	3 lapel pins	Ameica's Promise the Alliance for Youth

COST, IF ANY

ADDRESS
909 North Washington St.
Alexandria, VA 23314-1556

NEW

DATE	GIFT	FROM
09/10/1999	pineapple	Rep. Neil Abercrombie

COST, IF ANY

ADDRESS
1502 Longworth
Washington, DC 20515

NEW

DATE	GIFT	FROM
09/13/1999	book, VFW: Our Fist Century	Andrews McMeel Publishing

COST, IF ANY

ADDRESS
4520 Main Street
Kansas City, MO 64111

NEW

DATE	GIFT	FROM
09/13/1999	book, A Century of Service & Beyone	National Community Pharmacists Assoc.

COST, IF ANY

ADDRESS
205 Daingerfield Rd.
Alexandria, VA 22314

NEW

DATE	GIFT	FROM
09/14/1999	serving tongs	National Restaurant Association

COST, IF ANY

ADDRESS
Washington, DC

NEW

Sheet1

DATE	GIFT	FROM
09/14/1999	book, The Adaptable Brain	Library of Congress
COST, IF ANY	ADDRESS Washington, DC 20540	

NEW

DATE	GIFT	FROM
09/15/1999	book, News Values	Tribune Company
COST, IF ANY	ADDRESS 1722 Eye Street, NW 4th Floor Washington, DC 20006	

NEW

DATE	GIFT	FROM
09/15/1999	book, United States, China, and Taiwan	Pulbic Policy Institute
COST, IF ANY	ADDRESS Mailcode 4429 Southern Illinois University Carbondale, IL 62901-4429	

NEW

DATE	GIFT	FROM
09/16/1999	medal, of the Selmas of the Republic of Lithuania	Seimas of the Repbulic of Lithuania
COST, IF ANY	ADDRESS 53 Gedimino Ave LT 2002 Vinius, Lithuania	

NEW

DATE	GIFT	FROM
09/18/1999	2 Umbro Scottish Football Shirts	Frank Roy
COST, IF ANY $40 each	ADDRESS House of Commons London, England	

NEW

DATE	GIFT	FROM
09/18/1999	Plaid Wool Scottish Scarf	Frank Roy
COST, IF ANY $15	ADDRESS House of Commons London, England	

NEW

DATE	GIFT	FROM

Sheet1

09/18/1999	House of Commons Tea Towel	Frank Roy
COST, IF ANY	ADDRESS	
$5	House of Commons London, England	

NEW		
DATE	GIFT	FROM
09/18/1999	Scottish Recipies 2000 Calendar	Frank Roy
COST, IF ANY	ADDRESS	
$5	House of Commons London, England	

NEW		
DATE	GIFT	FROM
09/18/1999	Traditional Scottish Cookery Cookbook	Frank Roy
COST, IF ANY	ADDRESS	
$5	House of Commons London, England	

NEW		
DATE	GIFT	FROM
09/18/1999	House of Commons Cufflinks	Frank Roy
COST, IF ANY	ADDRESS	
$25	House of Commons London, England	

NEW		
DATE	GIFT	FROM
09/20/1999	pad of paper	Local TV
COST, IF ANY	ADDRESS	
	2501 Blue Ridge Rd. Suite 370 Raleigh, NC 27607	

NEW		
DATE	GIFT	FROM
09/20/1999	black marker	National Manufacturing Summit
COST, IF ANY	ADDRESS	
	Washington, DC	

NEW		
DATE	GIFT	FROM
09/23/1999	$1.20	Spencer Bachus, M.C.

Sheet1

09/18/1999	House of Commons Tea Towel	Frank Roy
COST, IF ANY	ADDRESS	
$5	House of Commons London, England	

NEW		
DATE	GIFT	FROM
09/18/1999	Scottish Recipies 2000 Calendar	Frank Roy
COST, IF ANY	ADDRESS	
$5	House of Commons London, England	

NEW		
DATE	GIFT	FROM
09/18/1999	Traditional Scottish Cookery Cookbook	Frank Roy
COST, IF ANY	ADDRESS	
$5	House of Commons London, England	

NEW		
DATE	GIFT	FROM
09/18/1999	House of Commons Cufflinks	Frank Roy
COST, IF ANY	ADDRESS	
$25	House of Commons London, England	

NEW		
DATE	GIFT	FROM
09/20/1999	pad of paper	Local TV
COST, IF ANY	ADDRESS	
	2501 Blue Ridge Rd. Suite 370 Raleigh, NC 27607	

NEW		
DATE	GIFT	FROM
09/20/1999	black marker	National Manufacturing Summit
COST, IF ANY	ADDRESS	
	Washington, DC	

NEW		
DATE	GIFT	FROM
09/23/1999	$1.20	Spencer Bachus, M.C.

Sheet1

COST, IF ANY	ADDRESS
$1	442 Cannon Washington, DC 20515

NEW DATE	GIFT	FROM
09/23/1999	video, Colleagues Rembered American Embassy Nairobi	Department of State

COST, IF ANY	ADDRESS
	Washington, DC 20520

NEW DATE	GIFT	FROM
09/23/1999	hat	Kmart Family Foundation

COST, IF ANY	ADDRESS
	3100 W. Big Beaver Rd. Troy, Michigan 48084-3163

NEW DATE	GIFT	FROM
09/23/1999	check to The Orpahnage, Inc	Kmart Family Foundation

COST, IF ANY	ADDRESS
$500	3100 W. Big Beaver Rd. Troy, Michigan 48084-3163

NEW DATE	GIFT	FROM
09/27/1999	Compact Disc, Susan B. Anthony, Pro-Life Commentaries	Susan B. Anthony List

COST, IF ANY	ADDRESS
	228 South Washington St. Suite 105 Alexandria, VA 22314

NEW DATE	GIFT	FROM
09/27/1999	t-shirt, Monday Night Football	Billy Tauzin & Steve Largent

COST, IF ANY	ADDRESS
	2183 Rayburn Washington, DC 20515

NEW DATE	GIFT	FROM
09/27/1999	book, ESPN Sports Century	ESPN

Sheet1

COST, IF ANY

ADDRESS
77 West 66 St.
New York, NY 10023

NEW
DATE | GIFT | FROM
09/28/1999 | glass ice bucket | National Restaurant Association

COST, IF ANY

ADDRESS
1200 17th Street NW
Washington, DC 20036

NEW
DATE | GIFT | FROM
09/28/1999 | serving tongs | National Restaurant Association

COST, IF ANY

ADDRESS
1200 17th Street NW
Washington, DC 20036

NEW
DATE | GIFT | FROM
09/30/1999 | book, How to Live for Adults A Personal Manual | Marvin and Joyce Lawyer A & S Human Development Inc.

COST, IF ANY
$9

ADDRESS
8163 E. Mercer Lane
Scottsdale, AZ 85260

NEW
DATE | GIFT | FROM
09/30/1999 | golf ball & tees | Chicago Office of Tourism

COST, IF ANY

ADDRESS
78 East Washington Street
Chicago, IL 60602

NEW
DATE | GIFT | FROM
09/30/1999 | t shirt & water bottle | Chicago Office of Tourism

COST, IF ANY

ADDRESS
78 East Washington Street
Chicago, IL 60602

NEW
DATE | GIFT | FROM
09/30/1999 | book, The Academy | Ed Ruggero

COST, IF ANY

ADDRESS

Sheet1

$24	PO Box 18 Swarthmore, Pennsylvania 19081	

NEW DATE	GIFT	FROM
10/01/1999	6 ceramic mugs	Chicago Board of Trade

COST, IF ANY	ADDRESS
	141 W. Jackson Blvd. Chicago, IL 60604

NEW DATE	GIFT	FROM
10/04/1999	bumper sticker	Citizens for a Sound Economy

COST, IF ANY	ADDRESS
	1250 H Street, NW Suite 700 Washington, DC 20005

NEW DATE	GIFT	FROM
10/04/1999	book, The Mayors of America's Principal Cities	The United States Conference of Mayors

COST, IF ANY	ADDRESS
$20	1620 Eye Street, NW Washington, DC 20006

NEW DATE	GIFT	FROM
10/04/1999	book, To Save Our World	Colonel Don Kipfer

COST, IF ANY	ADDRESS
$8	825 Via Formia Punta Gorda, FL 33950

NEW DATE	GIFT	FROM
10/05/1999	video, Saving the Salton Sea	National Audubon Society

COST, IF ANY	ADDRESS
	555 Audubon Place Sacramento, CA 95825

NEW DATE	GIFT	FROM
10/05/1999	pad of paper	Honda North America, Inc.

COST, IF ANY	ADDRESS
	955 L'enfant Plaza, SW Suite 5300

Sheet1

Washington, DC 20024

NEW
DATE 10/05/1999
GIFT 7 plastic buttons
FROM American College of Nurse-Midwifes

COST, IF ANY
ADDRESS
818 Conneticut Ave., NW Suite 900
Washington, DC 20006

NEW
DATE 10/06/1999
GIFT calendar
FROM Illinois Historic Preservation Agency

COST, IF ANY
ADDRESS
1 Old State Capitol Plaza
Springfield, IL 62701

NEW
DATE 10/08/1999
GIFT mousepad
FROM US Mint

COST, IF ANY
ADDRESS
Washington, DC

NEW
DATE 10/13/1999
GIFT book, Handbook on Population
FROM Christopher Smith

COST, IF ANY
ADDRESS
2370 Rayburn
Washington, DC 20515

NEW
DATE 10/14/1999
GIFT book, Tips about Brasilia
FROM Patri, Inc.

COST, IF ANY
ADDRESS
1101 17th St. NW, Suite 1010
Washington, DC 20036

NEW
DATE 10/15/1999
GIFT book, Making a Killing
FROM Rep. Fortney Pete Stark

COST, IF ANY
ADDRESS
239 Cannon HOB
Washington, DC 20515

Sheet1

NEW

DATE	GIFT	FROM
10/15/1999	pocket calculator	International Franchise Association

COST, IF ANY

ADDRESS
1350 New York Ave, NW Suite 900
Washington, DC 20005

NEW

DATE	GIFT	FROM
10/15/1999	poster	National Wildlife Federation

COST, IF ANY

ADDRESS
1400 16th St. NW Suite 501
Washington, DC 20036

NEW

DATE	GIFT	FROM
10/15/1999	glass mug	Two Rivers Regional Council of Public Officials

COST, IF ANY
$8

ADDRESS
Pittsfield, IL

NEW

DATE	GIFT	FROM
10/15/1999	Save the Children Tie	Toby & Missy Dean

COST, IF ANY

ADDRESS
Montgomery County

NEW

DATE	GIFT	FROM
10/20/1999	book, Architects of Victory	Heritage Foundation

COST, IF ANY
$15

ADDRESS
214 Massachusetts Ave, NW
Washington, DC 20002

NEW

DATE	GIFT	FROM
10/20/1999	2 squeezeable drink holders 3 frisbees, 5 pencils	The Amy Schulz Child Advocacy Center

COST, IF ANY

ADDRESS
Mt. Vernon, IL

Sheet1

NEW
DATE
10/20/1999
GIFT
frameable certificate of 1st Amendment
FROM
Liberty Air Lift
COST, IF ANY
ADDRESS
Quartz Hill, CA 93536

NEW
DATE
10/20/1999
GIFT
poster
FROM
Disabled American Veterans
COST, IF ANY
ADDRESS
807 Maine Ave SW
Washington, DC 20024

NEW
DATE
10/20/1999
GIFT
seedling
FROM
International Paper
COST, IF ANY
ADDRESS
PO Box 570
Savannah, GA 31402

NEW
DATE
10/20/1999
GIFT
diary, coaster, mousepad, frisbee, dog toy, coffe cup, gum, magnet, wallet picture holder umbrella,2 stuffed animals, sunglasses, paper clip container
FROM
American Kennel Club
COST, IF ANY
ADDRESS
5580 Centerview Dr.
Raleigh, NC 27606

NEW
DATE
10/20/1999
GIFT
Chip Clip
FROM
Pet Food Institute
COST, IF ANY
ADDRESS
1200 19th St. NW
Washington, DC 20036

NEW
DATE
10/20/1999
GIFT
pen
FROM
Animal Health Institute
COST, IF ANY
ADDRESS
1325 G St. NW
Washington, DC 20005

Sheet1

NEW
DATE GIFT FROM
10/20/1999 pen American Feed Association

COST, IF ANY ADDRESS
1501 Wilson Blvd, Suite 1100
Arlinton, VA 22209

NEW
DATE GIFT FROM
10/20/1999 magnetic clip Upjohn (Naxcel)

COST, IF ANY ADDRESS
2674 W. Hills Court
Simi Valley, CA 93065

NEW
DATE GIFT FROM
10/20/1999 book, Stop Teaching Our Kids To Kill Lt. Col. Dave Grossman
Crown Publishers

COST, IF ANY ADDRESS
201 East 50th St.
New York, NY 10022

NEW
DATE GIFT FROM
10/21/1999 seedling, wooden box American Forest Foundation

COST, IF ANY ADDRESS
1111 19th St. NW Suite 780
Washington, DC 20036

NEW
DATE GIFT FROM
10/21/1999 poster National Association of Home Builders

COST, IF ANY ADDRESS
1201 15th St. NW
Washington, DC 20005

NEW
DATE GIFT FROM
10/22/1999 Balsam herbs American Chamber of Commerce In Latvia

COST, IF ANY ADDRESS
Jauniela 24, Room 205
Riga, LV-1050
Latvia

NEW

Sheet1

DATE	GIFT	FROM
10/25/1999	book, LaSalle Banks Guide	LaSalle Bank

COST, IF ANY

ADDRESS
135 South LaSalle St
Chicago, IL60603

NEW

DATE	GIFT	FROM
10/25/1999	book, Reading Mixed Signals	the Woodrow Wilson Center

COST, IF ANY

ADDRESS
One Wilson Plaza
1300 pennsylavania Ave, NW
Washington, DC 20004

NEW

DATE	GIFT	FROM
10/25/1999	book, By Bread Alone	Auschwitz Study Foundation

COST, IF ANY

ADDRESS
PO Box 2232
7442 Cedar Ave.
Huntington Beach, CA 92647

NEW

DATE	GIFT	FROM
10/26/1999	hat	Trinity Industries

COST, IF ANY

ADDRESS
2525 Stemmons Freeway
Dallas, TX 75207

NEW

DATE	GIFT	FROM
10/26/1999	book, So..Help Me God!	April Shenandoah

COST, IF ANY

ADDRESS
PO Box 854
Beverly Hills, CA 90213

NEW

DATE	GIFT	FROM
10/26/1999	12 boxes of Instant Oatmeal	Quaker Oats

COST, IF ANY

ADDRESS
325 North Clark
Chicago, IL 60610

NEW

DATE	GIFT	FROM

10/26/1999	Iris	Nation's Voice on Mental Illness

COST, IF ANY

ADDRESS
1320 Old Chain Bridge Rd. Suite 330
McLean, VA 22101

NEW

DATE	GIFT	FROM
10/27/1999	videos, Nerds 2.0.1	Rick Boucher and Bob Goodlatte

COST, IF ANY

ADDRESS
US House of Representatives
Washington, DC 20515

NEW

DATE	GIFT	FROM
10/28/1999	stress relief ball	The Aluminum Association

COST, IF ANY

ADDRESS
900 19th St. NW Suite 300
Washington, DC 20006

NEW

DATE	GIFT	FROM
10/29/1999	lapel pin	Senior Companion Program Belleville Area College

COST, IF ANY

ADDRESS
201 North Church St.
Belleville, IL 62220

NEW

DATE	GIFT	FROM
10/29/1999	calendar	Martin Luther Home Society

COST, IF ANY

ADDRESS
650 J St. Ste. 305
Lincoln, NE 68508

NEW

DATE	GIFT	FROM
11/02/1999	audio tape, Reformng Child Car	University of Illinois

COST, IF ANY

ADDRESS
1007 West Nevada St.
Urbana, IL 61801

NEW

DATE	GIFT	FROM
11/02/1999	video, All the Best, George	Simon & Schuster

Bush: My life in Letters...

COST, IF ANY
$29

ADDRESS
1230 Avenue of the Americas
New York, NY 10020

NEW
DATE
11/02/1999

GIFT
paperweight & book, Once a Soldier...Always a Soldier

FROM
Lt. Gen Ted Stroup

COST, IF ANY

ADDRESS
Association of the United States Army

NEW
DATE
11/02/1999

GIFT
chocolate

FROM
The Seniors Coalition

COST, IF ANY

ADDRESS
9001 Braddock Rd. Suite 200
Springfield, VA 22451

NEW
DATE
11/03/1999

GIFT
book, St. Louis University Public Law Review

FROM
St. Louis University

COST, IF ANY

ADDRESS
3700 Lindell Blvd
St. Louis, MO 63108

NEW
DATE
11/03/1999

GIFT
coasters

FROM
Tri-City Regional Port District

COST, IF ANY

ADDRESS
2801 Rock Road
Granite City, IL 62040

NEW
DATE
11/05/1999

GIFT
video, The Iron Giant

FROM
Warner Home Video

COST, IF ANY

ADDRESS
4000 Warner Blvd
Burbank, CA 91522

NEW
DATE
11/08/1999

GIFT
bible

FROM
D. James Kennedy
Center for Christian Statesmanship

Sheet1

COST, IF ANY ADDRESS
214 Massachusetts Ave, NE
Suite 220
Washington, DC 20002

NEW
DATE GIFT FROM
11/08/1999 calendar American Registry of Pathology

COST, IF ANY ADDRESS
Washington, DC 20306-6000

NEW
DATE GIFT FROM
11/09/1999 book, The Advanced Technolog Program The National Academies
COST, IF ANY ADDRESS
2101 Constitution Ave, NW
Washington, DC 20418

NEW
DATE GIFT FROM
11/12/1999 video, The Long Way Home American Israel Education Foundation

COST, IF ANY ADDRESS
440 First Street NW Suite 700
Washington, DC 20001

NEW
DATE GIFT FROM
11/12/1999 calendar Missouri Botanical Garden

COST, IF ANY ADDRESS
4344 Shaw Boulevard
St. Louis, MO 63110

NEW
DATE GIFT FROM
11/15/1999 video, A Model For Life, and a Model for the Nation CORE Center
COST, IF ANY ADDRESS
2020 W. Harrison St
Chicago, IL 60612

NEW
DATE GIFT FROM
11/17/1999 video, Bush for President Roy Blunt

COST, IF ANY ADDRESS

Sheet1

217 Cannon HOB
Washington, DC 20515

NEW
DATE GIFT FROM
11/17/1999 book, Youth Violence the Belief Gil Gutnecht

COST, IF ANY ADDRESS
425 Cannon HOB
Washington, DC 20515

NEW
DATE GIFT FROM
11/22/1999 video, Tiger Tennis Interactive Digital Software
Entertainment Software Rating Board

COST, IF ANY ADDRESS
1775 Eye Street Suite 420
Washington, DC 20006

NEW
DATE GIFT FROM
11/22/1999 book, Sending Your Government a Message RAND

COST, IF ANY ADDRESS
1700 MainStreet
PO Box 2138
Santa Monica, CA 90407

NEW
DATE GIFT FROM
11/22/1999 calendar PETA

COST, IF ANY ADDRESS
501 Front Street
Norfolk, VA 23510

NEW
DATE GIFT FROM
11/30/1999 Pocket U.S. Constitution Oak Hill Publishing Company

COST, IF ANY ADDRESS
PO Box 6473
Naperville, IL 60567

NEW
DATE GIFT FROM
11/30/1999 Pocket Declaration of Independence and Constitution CATO

COST, IF ANY ADDRESS
1000 Massachusetts Ave NW

Washington, DC 20001

NEW
DATE GIFT FROM
11/30/1999 Public Law Review Vol XVII #2 Saint Louis University
COST, IF ANY ADDRESS
3700 Lindell Blvd
St. Louis, MO 63108

NEW
DATE GIFT FROM
11/30/1999 book, National Capitalism GreenMountain.com

COST, IF ANY ADDRESS
55 Green Mountain Drive
PO Box 2206
South Bulington, Vermont 05407

NEW
DATE GIFT FROM
11/30/1999 calendar National Arbor Day Foundatio

COST, IF ANY ADDRESS

NEW
DATE GIFT FROM
11/30/1999 book, Citizens, Computers, and Connectivity RAND
COST, IF ANY ADDRESS
1333 H Street NW
Washington, DC 20005

NEW
DATE GIFT FROM
11/30/1999 book, To Improve Health and Health Care Robert Wood Johnson Foundation
COST, IF ANY ADDRESS
R 1 and College Road East
PO Box 2316
Princeton, NJ 08543

NEW
DATE GIFT FROM
11/30/1999 poster Volkswagen of America

COST, IF ANY ADDRESS
35000 Industrial Rd
Livonia, MI 48150

Sheet1

NEW
DATE 12/01/1999
GIFT calendar
FROM Politically Disgusted, Inc.
COST, IF ANY
ADDRESS
PO Box 1978
Washington, DC 20013

NEW
DATE 12/02/1999
GIFT calendar
FROM Assoc. of the US Army
COST, IF ANY
ADDRESS
2425 Wilson Blvd
Arlington, VA 22201

NEW
DATE 12/02/1999
GIFT t-shirt
FROM Financial Services Coordinating Council
COST, IF ANY
ADDRESS
Washington, DC

NEW
DATE 12/02/1999
GIFT calendar
FROM Taipei Economic & Cultural Office in Chicago
COST, IF ANY
ADDRESS
2 Prudential Plaza, 57th Floor
180 N Stetson Ave.
Chicago, IL 60601

NEW
DATE 12/07/1999
GIFT model space shuttle
FROM McCook Metals LLC
COST, IF ANY
ADDRESS
4900 1st Ave
McCook, IL 60525

NEW
DATE 12/07/1999
GIFT champagne
FROM Wine and Spirits Wholesalers of America
COST, IF ANY
ADDRESS
Washington, DC

Sheet1

NEW

DATE	GIFT	FROM
12/07/1999	calendar	Univeristy of Illinois at Urbaba-Champaign

COST, IF ANY

ADDRESS
601 East John St.
Champaign, IL61820

NEW

DATE	GIFT	FROM
12/09/1999	christmas ornament	Illinois Power

COST, IF ANY

ADDRESS
Washington, DC

NEW

DATE	GIFT	FROM
12/09/1999	Rushville Rockets baasketball	Davis Electric,Plumbing Heating and Cooling

COST, IF ANY

ADDRESS
Rushville

NEW

DATE	GIFT	FROM
12/09/1999	poinsettia	Schyler County Econ Development Corp

COST, IF ANY

ADDRESS
Rushville

NEW

DATE	GIFT	FROM
12/10/1999	chocolate	Congressional Youth Leadership Council

COST, IF ANY

ADDRESS

NEW

DATE	GIFT	FROM
12/10/1999	audio tape, The Internet: Can it be Regulated?	U of Illinois Institute of Gov. and Public Affairs

COST, IF ANY

ADDRESS
1007 West Nevada Street
Urbana, IL 61801

NEW

Sheet1

DATE	GIFT	FROM
12/10/1999	assorted food products	National Food Processors Association

COST, IF ANY

ADDRESS
1350 T Street, NW Suite 300
Washington, DC 20005

NEW DATE	GIFT	FROM
12/10/1999	book, The Legend of Pfizer	Pfizer Inc

COST, IF ANY

ADDRESS
Liberty Place - Suite 1200
325 7th Street, NW
Washington, DC 20004

NEW DATE	GIFT	FROM
12/10/1999	photograph	Jake McGuire

COST, IF ANY

ADDRESS
520 North Kenmore St.
Arlington, VA 22201

NEW DATE	GIFT	FROM
12/10/1999	book, Why Y2k is OK	Constance Morella

COST, IF ANY

ADDRESS
2228 RHOB
Washington, DC 20515

NEW DATE	GIFT	FROM
12/13/1999	12 jars of Horseradish	Illinois Horseradish Growers Association

COST, IF ANY

ADDRESS
Collinsville, IL

NEW DATE	GIFT	FROM
12/14/1999	large calendar	John Patrick FUGIFILM America, Inc.

COST, IF ANY

ADDRESS
555 Taxter Rd.
Elmsford, NY 10523

NEW DATE	GIFT	FROM

Sheet1

12/14/1999	book, Air Mobility	Jim Saxton

COST, IF ANY

ADDRESS
339 Cannon HOB
Washington, DC 20515

NEW

DATE	GIFT	FROM
12/14/1999	calendar	RAND

COST, IF ANY

ADDRESS
1700 Main Street, PO Box 2138
Santa Monica, CA 90407

NEW

DATE	GIFT	FROM
12/15/1999	book, US and Asia Statistacal Handbook	Heritage Foundation

COST, IF ANY

ADDRESS
214 Massachusetts Ave, NE
Washington, DC 20002

NEW

DATE	GIFT	FROM
12/15/1999	book, A guide to Congress	The LTV Corporation

COST, IF ANY

ADDRESS
1133 Conneticut Ave, NW
Washington, DC 20036

NEW

DATE	GIFT	FROM
12/16/1999	cd, Army Air Forces Orchestra	T. Michael Moseley United States Airforce

COST, IF ANY

ADDRESS
B322 Rayburn
Washington, DC 20510

NEW

DATE	GIFT	FROM
12/16/1999	video, Korean War Commemoration	Dept. of the Army John Tilelli

COST, IF ANY

ADDRESS
Unit#15722
APO AP 96205

NEW

DATE	GIFT	FROM
12/16/1999	cd case	Interstate Natural Gas Assoc

Sheet1

COST, IF ANY	ADDRESS	
	10 G Street Suite 700 Washington, DC 20002	
NEW DATE	GIFT	FROM
12/16/1999	calendar	LMCC Chicago

COST, IF ANY	ADDRESS	
	Five Westbrook Corporate Center Suite 940 Westchester, IL 60154	
NEW DATE	GIFT	FROM
12/16/1999	pint glass with candy	Beer Institute

COST, IF ANY	ADDRESS	
	122 C Street, NW #750 Washington, DC 20001	
NEW DATE	GIFT	FROM
12/16/1999	mug with candy	National Beer Wholesalers Association

COST, IF ANY	ADDRESS	
	1100 South Washington St. Alexandria, VA 22314	
NEW DATE	GIFT	FROM
12/16/1999	pin & patch	United Space Alliance

COST, IF ANY	ADDRESS	
	1150 Gemini Houston, TX 77058	
NEW DATE	GIFT	FROM
12/17/1999	calendar & gift certificate	Telcordia Technologies

COST, IF ANY	ADDRESS	
$27	8 Corporate Place, Rm. 3A-184 Piscataway, NJ 08854	
NEW DATE	GIFT	FROM
12/17/1999	Western Forests 2000	Northwest Forest Ecosystems

Sheet1

COST, IF ANY

ADDRESS
1500 S.W First, Suite 330
Portland, OR 97201

NEW

DATE	GIFT	FROM
12/17/1999	video	Galludet University

COST, IF ANY

ADDRESS
800 Florida Ave, NE
Washington, DC 20002

NEW

DATE	GIFT	FROM
12/20/1999	calendar	Union Pacific Railroad

COST, IF ANY

ADDRESS
600 Thirtennth St., NW Suite 340
Washington, DC 20005

NEW

DATE	GIFT	FROM
12/20/1999	book, Peril in Panama	Donald G. Geary

COST, IF ANY

ADDRESS
PO Box D
Centralia, IL 62801

NEW

DATE	GIFT	FROM
12/20/1999	video, Town Hall Meeting on US - China relationa	Asia Society

COST, IF ANY

ADDRESS
725 Park Avenue
New York, NY 10021

NEW

DATE	GIFT	FROM
12/20/1999	book, Managed Care Backlash	Journal of Helath Politics, Policy and Law

COST, IF ANY

ADDRESS
3250 Public Policy Building Box 951656
Los Angeles, CA 90095

NEW

DATE	GIFT	FROM
12/20/1999	book, Revolutionary Days	RR Donnelly and Sons Co.

COST, IF ANY

ADDRESS

Sheet1

77 West Wacker DR.
Chicago, IL 60601

NEW
DATE 12/20/1999
GIFT calendar
FROM Parsons Brinckerhoff

COST, IF ANY
ADDRESS

NEW
DATE 12/21/1999
GIFT book, America's God and Country
FROM Robert A. Motch

COST, IF ANY
ADDRESS
4999 Flyer Ave.
St. Louis, MO 63139

NEW
DATE 12/30/1999
GIFT calendar
FROM Zambelli

COST, IF ANY
ADDRESS
New Castle, PA

NEW
DATE 12/30/1999
GIFT calendar
FROM Metropolitan Family Service

COST, IF ANY
ADDRESS
14 East Jackson Boulevard
Chicago, IL 60604

NEW
DATE 12/30/1999
GIFT calendar
FROM Unilever Home & Personal Care

COST, IF ANY
ADDRESS
PO Box 13450
Charleston, SC 29422

NEW
DATE 12/30/1999
GIFT calendar
FROM USDA

COST, IF ANY
ADDRESS
Office of the Secretary

Sheet1

Wasghington, DC 20250

NEW
DATE GIFT FROM
12/30/1999 2 calendars Tom DeLay

COST, IF ANY ADDRESS
H-107, The Capitol
Washington, DC 20515

NEW
DATE GIFT FROM
12/30/1999 calendar VSA Arts

COST, IF ANY ADDRESS
1300 Conneticut Ave, NW
Washington, DC 20036

NEW
DATE GIFT FROM
12/30/1999 calendar Metropolitan Washington Council of Governments

COST, IF ANY ADDRESS
777 North Capitol St, NE
Suite 300
Washington, DC 20002

NEW
DATE GIFT FROM
12/30/1999 calendar The National Associaton of WIC Directors

COST, IF ANY ADDRESS
2001 S Street NW
Suite 580
Washington, DC 20009

NEW
DATE GIFT FROM
12/30/1999 book, Peril in Panama Julia Kaiser

COST, IF ANY ADDRESS
203 Glenmont St.
Collinsville, IL62234

NEW
DATE GIFT FROM
12/30/1999 book, Peril in Panama Anthony Katauski

COST, IF ANY ADDRESS
1700 W Washington St.
Springfield, IL 62702

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 2:29
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HC HAND DELIVERED (6)
(Office Use Only)

BUD SHUSTER
(Full Name)

825 Ritchey Road
(Mailing Address)

Everett Pa., 15537

Daytime Telephone 202-2255431

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bud Shuster	May 15, 2000

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, or E
SP	Examples: Mega Corp. Stock					X								X									X								P
DC	Simon & Schuster		Indefinite																	Royalties								X			
JT	1st Bank of Paducah, KY accounts						X									X									X						
jt	Shuster Farms							X							farm income										X						
s	Hercules Tire Co.	X																			X										expired
jt	Va. Townhouse, Fairlington						X														X										
s	Telos Copr-416 shares			X																	X										
jt	Cong. Credit Union	X												X								X									closed
jt	Nuveen Pa. Mun. Bond				"									"									"	X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BUD SHUSTER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
~~jt~~	~~Paine Webber Cash fund~~			~~x~~										~~x~~									~~x~~									
jt	Midstate Var CD			x												x							x									
s	Paine Webber Cash fund			x										x									x									
s	Phil.Pa. Hosp Mun Bond			x										x									x									
s	Beaver Co Pa IDA Bond				x									x										x								
s	Allegh.Co Pa Hosp Bond				x									x											x							
s	Bucks Co Pa IDA Bond			x										x									x									
s	Allegh Co Pa Hosp Bond				x									x									x									
s	Lehigh Co Pa Rev Bond			x										x									x									
jt	U.S. Treas Bond-Keystone			x												x							x									

This page may be copied if more space is required.

Name BUD SHUSTER

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
jt	Paine Webber Cash fund		X		11-30-99	X									
s	Paine Webber Cash fund		X		11-30-99	X									
jt	Paine Webber Cash fund	X			1-99 - 12-99	X									
s	Paine Webber Cash fund	X			1-99- 12-99	X									
jt	Cong. Credit Union		X		1-4-99	X									
jt	Midstate Var. CD	X			1-99 - 12-99		X								

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Rail Road Assn	Jan 8-10	Bedford, Pa. - Phoenix- Wash DC	Y	Y	N	
	Aircraft Owners & Pilots Assn.	Oct 23-24	Wash DC - Atlantic City Bedford, Pa.	Y	Y	N	

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4378

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Owner	Shuster Farms

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY 15 AM 11:03

HAND DELIVERED
MC (Office Use Off) (4)

Michael K. Simpson
(Full Name)

786 Hoff Drive 83221
Blackfoot, Idaho
(Mailing Address)

202 225-5531
208 785-5043 (home)
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Idaho District 2nd	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	May 8, 2000

4380

Name Michael K. Simpson	Page ___ of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bechtel BWXT Idaho, LLC	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Michael K. Simpson	Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500

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Name Michael K. Simpson | Page __ of __

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP	*Examples:* Mega Corp Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
SP	Morgan Stanley Dean Witter IRA					X								X							NA											
	Morgan Stanley Dean Witter IRA				X									X							NA											
	Public Employees Retirement System of Idaho PERSI				X											X					NA											
SP	INEEL Employee Investment Plan					X								X			X				NA											
	Edward Jones - Simpson Dental Profit Sharing							X						X			X												X			
JT	Edward Jones					X								X																		S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael K. Simpson

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Piper Jaffray			X										X			X								X							
SP	Morgan Stanley Dean Witter		X													X						X										P
	Simpson Properties						X								X								X									
	Dental Practice Contract/Sale					X										X									X							

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SCHEDULE IV — TRANSACTIONS

Name Michael K. Simpson

Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
JT	Edward Jones		X		3-18-99			X							
SP	40 acres farm ground - Blackfoot, Idaho (½ interest)	X			6-07-99				X						

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Name Michael K. Simpson | Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	MBNA America Wilmington, DE	credit card		X								
SP	Travelers Bank Wilmington, DE	credit card		X								
SP	American Express Ft. Lauderdale, FL	credit card	X									
JT	Edward Jones Blackfoot, ID	loan (pd. 3/18/99)		X								
SP	Bank of Commerce Blackfoot, ID	loan (down payment on the 40 acres)		X								
	ZIONs Bank Blackfoot, ID	campaign loan (balance 1/99)				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page ___ of ___
Michael K. Simpson	

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Academy of Head, Neck & Facial Pain (Conference)	Jul. 31	Washington, DC - Houston, TX - Idaho Falls, ID	N	N	N	N
	University of Richmond (Western States Conference)	Oct.15/16	Washington, DC - Boise, ID Washington, DC	Y	Y	N	N

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Name Michael K. Simpson	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

MIKE SIMPSON
SECOND DISTRICT, IDAHO

1440 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-5531

COMMITTEES

AGRICULTURE
RESOURCES
TRANSPORTATION
AND INFRASTRUCTURE
VETERANS' AFFAIRS

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

(48)

HAND DELIVERED

00 JUN -7 PM 3:50

June 7, 2000

MEMORANDUN to Clerk's Office

FROM Congressman Mike Simpson

I am amending my financial disclosure to include copies of the requested financial statements as additional information to Schedule 3. Please contact my office if you have any questions.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 JUN -7 PM 3:49

HAND DELIVERED

(Office Use Only)

Michael K. Simpson
(Full Name)

786 Hoff Drive — Blackfoot, ID 83221 — 202-225-5531
(Mailing Address) — Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State Idaho District 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		6/5/00

4390

Name Michael K. Simpson | Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bechtel BWXT Idaho, LLC	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Michael K. Simpson | Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Michael K. Simpson

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP — Mega Corp. Stock	E: X	DIVIDENDS: X	IV: X	P
	Simon & Schuster	Indefinite	Other Type of Income: Royalties	IX: X	
	1st Bank of Paducah, KY accounts	F: X	INTEREST: X	VI: X	
SP	Morgan Stanley Dean Witter IRA	E: X	DIVIDENDS: X	NA	
	Morgan Stanley Dean Witter IRA	D: X	DIVIDENDS: X	NA	
	Public Employees Retirement System of Idaho PERSI	D: X	INTEREST: X	NA	
SP	INEEL Employee Investment Plan	E: X	DIVIDENDS: X; CAPITAL GAINS: X	NA	
	Edward Jones - Simpson Dental Profit Sharing	G: X	DIVIDENDS: X; CAPITAL GAINS: X	IX: X	
JT	Edward Jones	E: X	DIVIDENDS: X		S

Statements attached

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name Michael K. Simpson

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Piper Jaffray			X										X			X								X						
SP	Morgan Stanley Dean Witter		X													X						X									P
	Simpson Properties						X								X								X								
	Dental Practice Contract/Sale					X										X									X						

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SCHEDULE IV — TRANSACTIONS

Name Michael K. Simpson

Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
JT	Edward Jones		X		3-18-99			X							
SP	40 acres farm ground - Blackfoot, Idaho (½ interest)	X			6-07-99				X						

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Name Michael K. Simpson | Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	MBNA America Wilmington, DE	credit card		X								
SP	Travelers Bank Wilmington, DE	credit card		X								
SP	American Express Ft. Lauderdale, FL	credit card	X									
JT	Edward Jones Blackfoot, ID	loan (pd. 3/18/99)		X								
SP	Bank of Commerce Blackfoot, ID	loan (down payment on the 40 acres)		X								
	ZIONs Bank Blackfoot, ID	campaign loan (balance 1/99)				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Academy of Head, Neck & Facial Pain (Conference)	Jul. 31	Washington, DC - Houston, TX - Idaho Falls, ID	N	N	N	N
	University of Richmond (Western States Conference)	Oct.15/16	Washington, DC - Boise, ID Washington, DC	Y	Y	N	N

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Name Michael K. Simpson | Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

MORGAN STANLEY DEAN WITTER

RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1999

Your Financial Advisor
WILLIAM BROWN
MORGAN STANLEY DEAN WITTER
670 SOUTH WOODRUFF AVE
IDAHO FALLS, ID 83401
(208) 525-1301

Account Number [redacted] FA 010

KATHERINE SIMPSON 001499
786 HOFF DR
BLACKFOOT ID 83221 1553 146

Date of Birth
March 28, 1950

IRA Standard Spousal
Dated 05/26/99

Asset Summary

	Value	% of Asset
Money Market Funds	$148.49	0.2%
Stocks	712.50	1.1
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	64,620.70	98.7
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$65,481.69	100.0%
Cash	0.00	
Total Asset Value	$65,481.69	

Income Summary

	This Month	Year To Date
Money Market Funds	$62.27	$859.04
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	0.00	0.00
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$62.27	$859.04

Activity Summary

Total Asset Value October 31 1999		$55,246.68
Cash/Money Market Activity		
Closing Balance 10/31	$26,964.66	
Credits To Your Account		
Dividends and Interest	183.83	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	2,646.10	
Total Credits	2,829.93	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	-29,646.10	
Other Debits	0.00	
Total Debits	-29,646.10	
Closing Balance 12/31	148.49	
Net Change Cash/Money Market Activity		-26,816.17
Changes In Asset Value		
Value of Priced Assets 10/31	$28,282.02	
Securities Bought	29,646.10	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	7,405.08	
Value of Priced Assets 12/31	65,333.20	
Net Change In Asset Value		37,051.18
Total Asset Value as of December 31 1999		$65,481.69

Please see page 5 for your Account's Retirement Recap.

Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. and services are offered through Dean Witter Reynolds Inc., member SIPC.

4399

KATHERINE SIMPSON
786 HOFF DR

Account Number [redacted] FA 010

ASSET DETAILS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	.00	---	---
MSDW LIQUID ASSET FUND	148.49	0.2%	7
Total Cash and Money Market Funds	$148.49	0.22%	$7
Net Change Since Last Statement	-26,016.17		

Annualized 30 Day Yields

MSDW Liquid Asset Fund..... 5.29%
MSDW US Gvt Mymkt..... 4.84%

Stocks	Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Symbol	Additional Information
Common Stocks							
50 NOMEN.COM NETWORKS INC	14 1/4	712.50	1.1%	0	0.00%	NOMN	
Total Stocks		$712.50	1.1%	0	0.00%		
Net Change Since Last Statement		-107.50					

Mutual Funds	Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Other Mutual Funds								
445.756 ALLIANCE PREMIER GROWTH FD C	34.5900	15,349.52	23.6%	N/A	N/A		APGCX	Reinv/Reinv
192.453 VAN KAMPEN EMERGING GROWTH C	81.4600	15,677.22	23.9%	N/A	N/A		ACEFX	Reinv/Reinv

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4400

MORGAN STANLEY DEAN WITTER

RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1999

KATHERINE SIMPSON
786 HOFF DR

Account Number [redacted] FA 010

Mutual Funds	Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Other Mutual Funds								
286.472 MFS EMERGING GROWTH FUND C	64.1100	18,365.71	28.0%	N/A	N/A		MFECX	Reinv/Reinv
201.432 HUNDER NET NET C	75.6000	15,228.25	23.3%	N/A	N/A		HNNCX	Reinv/Reinv
Total Mutual Funds		65,620.70	76.7%	N/A	N/A			
Net Change Since Last Statement		37,238.68						

Asset Summary	Value	Est Yrly Income
Total Asset Value	85,591.69	0.72
Total Net Change In Priced Assets Since Last Statement	37,051.18	

CREDITS TO YOUR ACCOUNT

Dividends and Interest

Date	Activity	Description	Amount	Income Category
11-30	Dividend	MSDW LIQUID ASSET FUND	121.56	Money Market Funds
12-31	Dividend	MSDW LIQUID ASSET FUND	62.27	Money Market Funds
		Total Dividends and Interest	183.83	

See Income Summary on page 1 for the month to date and year to date amounts per income category.

Other Credits

Date	Activity	Description	Amount	Additional Information
12-15	S/T Capital Gain	ALLIANCE PREMIER GROWTH FD C	199.33	
12-16	L/T Capital Gain	ALLIANCE PREMIER GROWTH FD C	776.63	
12-17	L/T Capital Gain	MFS EMERGING GROWTH FD C	89.16	
12-20	L/T Capital Gain	VAN KAMPEN EMERGING GROWTH C	1,580.98	ADJUSTMENT

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MORGAN STANLEY DEAN WITTER

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 1999

KATHERINE SIMPSON
786 HOFF DR

Account Number [redacted] FA 010

Date	Activity	Description	Amount	Additional Information
		Total Other Credits	2,696.10	Year To Date 3,696.10
Total Credits To Your Account			12,629.33	Year To Date 457,414.59

DEBITS TO YOUR ACCOUNT

Funds to Purchase Securities

Date	Activity	Quantity	Description	Price	Amount	Additional Information
12-15	Bought	30.215	ALLIANCE PREMIER GROWTH FD C	32.3000	975.96	REINVESTMENT
12-17	Bought	169.961	VAN KAMPEN EMERGING GROWTH C	79.4300	13,500.00	CONFIRM NBR 003933611
12-17	Bought	1.538	MFS EMERGING GROWTH FD C	57.9800	89.16	REINVESTMENT
12-17	Bought	201.432	MUNDER NET NET C	67.0200	13,500.00	CONFIRM NBR 001317226
12-20	Bought	22.492	VAN KAMPEN EMERGING GROWTH C	70.2900	1,580.98	REINVESTMENT
			Total Funds to Purchase Securities		29,646.10	Year To Date 57,266.10
Total Debits To Your Account					29,646.10	Year To Date 57,266.10

ADDITIONAL ACCOUNT INFORMATION

Money Market

Date	Activity	Description	Amount	Additional Information
		Closing Balance 10/31	26,964.66	
11-30	Dividend Reinvestment	MSDW LIQUID ASSET FUND	121.56	
12-17	Automatic Redemption	MSDW LIQUID ASSET FUND	-27,000.00	
12-31	Dividend Reinvestment	MSDW LIQUID ASSET FUND	62.27	
		Closing Balance 12/31	148.49	

Morgan Stanley Dean Witter Fund Summary

	YTD Dividends	YTD Cap Gains	YTD Taxes	Features
MSDW LIQUID ASSET FUND	859.04	0.00	0.00	Reinvest Dividends
Totals	859.04	0.00	0.00	

For Morgan Stanley Dean Witter Mutual Fund Account Information, call 1-800-869-NEWS(6397).

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KATHERINE SIMPSON
786 HOFF DR

Account Number [redacted] FA 010

Morgan Stanley Dean Witter Fund Summary:

MSDW LIQUID ASSET FUND

Following are the Fund's 30-day average annualized yields during the past quarter: October 4.96%, November 5.15% and December 5.29%.

Retirement Recap

	1999	1998
Account Valuation	65,481.69	.00

Messages

For tax year 1999, clients invested in networked external mutual funds will receive two tax reports. One will come from the fund company and will reflect income and distributions for the period from January 1, 1999 up until the conversion date. The second report will be supplied from Morgan Stanley Dean Witter and will cover the period starting at the time of the conversion until December 31, 1999. Clients should retain both of these reports for their tax records. Beginning with tax year 2000, clients will receive one income and distribution report from Morgan Stanley Dean Witter.

Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. and services are offered through Dean Witter Reynolds Inc., member SIPC.

MORGAN STANLEY DEAN WITTER

RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1999

Your Financial Advisor
WILLIAM BROWN
MORGAN STANLEY DEAN WITTER
870 SOUTH WOODRUFF AVE
IDAHO FALLS, ID 83401
(208) 525-1301

Account Number [redacted] FA 010

Date of Birth
September 08, 1950

MICHAEL SIMPSON 001498
786 HOFF DR
BLACKFOOT ID 83221 1553 146

IRA Standard
Dated 05/26/99

Asset Summary

	Value	% of Asset
Money Market Funds	$390.32	0.8%
Stocks	0.00	0.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	47,644.83	99.2
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$48,035.15	100.0%
Cash	0.00	
Total Asset Value	$48,035.15	

Income Summary

	This Month	Year To Date
Money Market Funds	$47.31	$635.10
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	0.00	0.00
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$47.31	$635.10

Activity Summary

Total Asset Value September 30 1999		$39,484.74
Cash/Money Market Activity		
Closing Balance 9/30	$20,172.27	
Credits To Your Account		
Dividends and Interest	218.05	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	1,953.03	
Total Credits	2,171.08	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	-21,953.03	
Other Debits	0.00	
Total Debits	-21,953.03	
Closing Balance 12/31	390.32	
Net Change Cash/Money Market Activity		-19,781.95
Changes In Asset Value		
Value of Priced Assets 9/30	$19,312.47	
Securities Bought	21,953.03	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change In Value of Priced Assets	6,379.33	
Value of Priced Assets 12/31	47,644.83	
Net Change In Asset Value		28,332.36
Total Asset Value as of December 31, 1999		$48,035.15

Please see page 4 for your Account's Retirement Recap.

Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. and services are offered through Dean Witter Reynolds Inc., member SIPC.

4404

MICHAEL SIMPSON
786 HOFF DR

Account Number [redacted] FA 010

ASSET DETAILS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	.00	---	---
MSDW LIQUID ASSET FUND	390.32	0.8%	20
Total Cash and Money Market Funds	$390.32	0.8%	$20

Net Change Since Last Statement: -19,761.95

Annualized 30 Day Yields

MSDW Liquid Asset Fund..... 5.29%
MSDW US Gvt Mymkt..... 4.84%

Mutual Funds	Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Other Mutual Funds								
325.781 ALLIANCE PREMIER GROWTH FD C	34.5900	11,268.76	23.5%	N/A	N/A		APGCX	Reinv/Reinv
142.558 VAN KAMPEN EMERGING GROWTH C	81.4600	11,612.77	24.2%	N/A	N/A		ACEFX	Reinv/Reinv
210.312 MFS EMERGING GROWTH FUND C	64.1100	13,483.10	28.1%	N/A	N/A		MFECX	Reinv/Reinv
149.209 MUNDER NET NET C	75.6000	11,280.20	23.4%	N/A	N/A		MNNCX	Reinv/Reinv
Total Mutual Funds		$47,644.83	99.2%	N/A	N/A			

Net Change Since Last Statement: $20,332.36

Asset Summary	Value	Est Yrly Income
Total Asset Value	$48,035.15	$20

Total Net Change In Priced Assets Since Last Statement: $20,332.36

Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. and services are offered through Dean Witter Reynolds Inc., member SIPC.

MORGAN STANLEY DEAN WITTER

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 1999

MICHAEL SIMPSON
780 HOFF DR

Account Number [redacted] FA 010

CREDITS TO YOUR ACCOUNT

Dividends and Interest

Date	Activity	Description	Amount	Income Category
10-29	Dividend	MSDW LIQUID ASSET FUND	79.49	Money Market Funds
11-30	Dividend	MSDW LIQUID ASSET FUND	91.25	Money Market Funds
12-31	Dividend	MSDW LIQUID ASSET FUND	47.31	Money Market Funds
		Total Dividends and Interest	218.05	

See Income Summary on page 1 for the month to date and year to date amounts per income category.

Other Credits

Date	Activity	Description	Amount	Additional Information
12-15	S/T Capital Gain	ALLIANCE PREMIER GROWTH FD C	146.33	
12-15	L/T Capital Gain	ALLIANCE PREMIER GROWTH FD C	570.16	
12-17	L/T Capital Gain	MFS EMERGING GROWTH FD C	65.45	
12-20	L/T Capital Gain	VAN KAMPEN EMERGING GROWTH C	1,171.09	ADJUSTMENT
		Total Other Credits	1,953.03	Year To Date 2,033.03

Total Credits To Your Account 23,171.08 Year To Date 42,203.35

DEBITS TO YOUR ACCOUNT

Funds to Purchase Securities

Date	Activity	Quantity	Description	Price	Amount	Additional Information
12-15	Bought	22.182	ALLIANCE PREMIER GROWTH FD C	32.3000	716.49	REINVESTMENT
12-17	Bought	125.897	VAN KAMPEN EMERGING GROWTH C	79.4300	10,000.00	CONFIRM NBR 003933610
12-17	Bought	1.129	MFS EMERGING GROWTH FD C	57.9800	65.45	REINVESTMENT
12-17	Bought	149.209	MUNDER NET NET C	67.0200	10,000.00	CONFIRM NBR 001317225
12-20	Bought	16.661	VAN KAMPEN EMERGING GROWTH C	70.2900	1,171.09	REINVESTMENT
			Total Funds to Purchase Securities		21,953.03	Year To Date 41,063.03

Total Debits To Your Account 21,953.03 Year To Date 41,093.03

Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. and services are offered through Dean Witter Reynolds Inc., member SIPC.

MICHAEL SIMPSON
788 HOFF DR

Account Number [redacted] FA 010

ADDITIONAL ACCOUNT INFORMATION

Money Market

Date	Activity	Description	Amount	Additional Information
		Closing Balance 9/30	20,172.27	
10-29	Dividend Reinvestment	MSDW LIQUID ASSET FUND	79.49	
11-30	Dividend Reinvestment	MSDW LIQUID ASSET FUND	91.25	
12-17	Automatic Redemption	MSDW LIQUID ASSET FUND	-20,000.00	
12-31	Dividend Reinvestment	MSDW LIQUID ASSET FUND	47.31	
		Closing Balance 12/31	390.52	

Morgan Stanley Dean Witter Fund Summary

	YTD Dividends	YTD Cap Gains	YTD Taxes	Features
MSDW LIQUID ASSET FUND	635.10	0.00	0.00	Reinvest Dividends
Totals	$635.10	$0.00	$0.00	

For Morgan Stanley Dean Witter Mutual Fund Account Information, call 1-800-869-NEWS(6397).

MSDW LIQUID ASSET FUND
Following are the Fund's 30-day average annualized yields during the past quarter: October 4.95%, November 5.15% and December 5.29%.

Retirement Recap

	1999	1998
Account Valuation	48,035.15	.00

Messages

For tax year 1999, clients invested in networked external mutual funds will receive two tax reports. One will come from the fund company and will reflect income and distributions for the period from January 1, 1999 up until the conversion date. The second report will be supplied from Morgan Stanley Dean Witter and will cover the period starting at the time of the conversion until December 31, 1999. Clients should retain both of these reports for their tax records. Beginning with tax year 2000, clients will receive one income and distribution report from Morgan Stanley Dean Witter.

Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. and services are offered through Dean Witter Reynolds Inc., member SIPC

PERSI

Public Employee Retirement System of Idaho

HELPING YOU BUILD A SECURE RETIREMENT

May 8, 2000

MICHAEL SIMPSON
786 HOFF DR
BLACKFOOT ID 83221
FAX # 1-208-785-5444

Governor Dirk Kempthorne

Retirement Board
Jody B. Olson, Chairman
Susan K. Simmons
Dennis L. Johnson
J. Kirk Sullivan
Pamela I. Ahrens

Executive Director
Alan H. Winkle

BOISE
Mailing Address
P.O. Box 83720
Boise, ID 83720-0078

Office Address
607 North 8th Street
Boise, ID 83702-5518

208-334-3365
1-800-451-8228
FAX 208-334-3805

POCATELLO
Mailing Address
P.O. Box 1058
Pocatello, ID 83204

Office Address
850 East Center, Ste. "D"
Pocatello, ID 83201

208-236-6225
1-800-762-8228
FAX 208-236-6159

COEUR D' ALENE
Mailing & Office Address
2005 Ironwood Pkwy. #142
Coeur d' Alene, ID 83814

208-769-1474
1-800-962-8228
FAX 208-769-1476

Equal Opportunity Employer

RE: MEMBER CONTRIBUTIONS AND INTEREST AS REQUESTED

Dear MR SIMPSON:

As requested on MAY 8, 2000, your contributions and interest in the Public Employee Retirement System of Idaho as of DECEMBER 31, 1999, are as follow:

$10,564.64	Contributions
4,804.16	Interest
$15,368.80	Total

Your account is currently earning interest at the rate of 11.11% per annum, compounded monthly (effective 1-1-2000).

If I may be of further assistance, please contact our Boise office at (208)334-2453 ext 241 or 1-800-451-8228.

Sincerely,

Kay E. Prince

Kay E. Prince
Technical Records Specialist

BECHTEL BWXT IDAHO, L. L. C.

October 01, 1999 - December 31, 1999

For information call:
Vanguard Participant Services
(800) 523-1188
Or via the internet at: www.vanguard.com

INEEL

INEEL EMPLOYEE INVESTMENT PLAN
Plan No.: [redacted]
Soc. Sec. No.: [redacted]

Balance	$ 99,375.53

KATHERINE SIMPSON
786 HOFF DR
BLACKFOOT ID 83221-1553

YOUR ACCOUNT ACTIVITY

		This quarter	Year-to-date
	Opening balance	$ 84,343.23	$ 72,725.05
Contributions	PRE-TAX	$ 1,406.64	$ 6,780.42
	COMPANY MATCH	843.96	3,351.24
Earnings	Dividends/capital gains	$ 699.13	$ 1,688.43
	Unrealized gain/loss	12,087.30	14,847.43
Other transactions	Plan administration fees	-$ 4.73	-$ 17.04
	Closing balance	$ 99,375.53	$ 99,375.53

This section provides you with general information about your individual plan account. Any information labeled as Year-to-Date represents activity since January 1 of the current calendar year. Contributions shown here represent money that was received during the statement period shown above. Earnings are defined as the net change in your account value due to the reinvestment of dividends and/or interest as well as the change in Fund prices. Dividends paid by a Fund may cause a drop in the Fund price. This change may cause an unrealized loss in your Fund account, but it is offset by the dividend amount added to your account. A detailed explanation can be found on the reverse side of this statement.

BECHTEL BWXT IDAHO, L. L. C.

October 01, 1999 - December 31, 1999

For information call:
Vanguard Participant Services
(800) 523-1188
Or via the internet at: www.vanguard.com

KATHERINE SIMPSON

YOUR PLAN ALLOCATION

	Current asset mix	Contribution allocation
Stocks	100%	100.0%

Please note that Vanguard has changed the name of the short-term reserves category to cash reserves. The cash reserves category represents investments which seek to preserve the original amount that you invest while providing current income.

HOW WE INVEST YOUR CONTRIBUTIONS AS OF 01/07/2000

Vanguard 500 Index Fund 100.0%

YOUR PAYROLL DEDUCTIONS AS OF 01/07/2000

PRE-TAX 8.00% of your salary

If you would like to change the amount you are contributing, please call Vanguard at the toll-free telephone number listed above.

MARKET VALUE BY FUND AND SOURCE

	PRE-TAX	COMPANY MATCH	TOTALS BY FUND
Vanguard 500 Index Fund	$ 66,233.21	$ 33,142.32	$ 99,375.53
Totals by source	**$ 66,233.21**	**$ 33,142.32**	**$ 99,375.53**

VALUE SUMMARY

	Opening balance	Contributions	Other transactions	Shares/units	Closing balance
Vanguard 500 Index Fund	$ 84,343.23	$ 2,250.60	$ 12,781.70	734.320	$ 99,375.53
Total value	**$ 84,343.23**	**$ 2,250.60**	**$ 12,781.70**		**$ 99,375.53**

THE Vanguard GROUP.

0017488

1637 28428

BECHTEL BWXT IDAHO, L. L. C.

October 01, 1999 - December 31, 1999

For information call:
Vanguard Participant Services
(800) 523-1188
Or via the internet at: www.vanguard.com

KATHERINE SIMPSON

TOTAL VESTED VALUE

	Closing balance	Vested percent	Vested value
PRE-TAX	$ 66,233.21	100.00%	$ 66,233.21
COMPANY MATCH	33,142.32	100.00	33,142.32
Total vested value			$ 99,375.53

Your vested balance is the amount of money you are entitled to if you terminate your service at your employer. The money you have had deducted from your pay is always 100% vested. The money contributed to the plan by your employer is vested based on your time in service. If you have questions regarding vesting or your vested balance, please call Vanguard at the toll-free telephone number shown above.

PERFORMANCE SUMMARY AS OF 12/31/1999

	VOICE™ fund number	Date fund started	3 months	1 year	3 years	5 years	10 years	Since fund started
Cash Reserves								
Vanguard Prime Money Market Fund	0030	06/04/1975	1.35%	5.01%	5.28%	5.39%	5.21%	—%
INEEL Stable Value Fund	1203	12/31/1990	1.58	6.50	6.83	6.83	—	7.31
Bonds								
Vanguard Total Bond Market Index Fund	0084	12/11/1986	-0.13	-0.76	5.65	7.62	7.54	—
Balanced (Stocks and Bonds)								
Vanguard Asset Allocation Fund	0078	11/03/1988	4.87	5.21	18.87	21.37	14.80	—
Domestic Equity (Stocks)								
◆ Vanguard 500 Index Fund	0040	08/31/1976	14.96	21.07	27.53	28.49	18.07	—
Vanguard Windsor II Fund	0073	06/24/1985	-1.88	-5.81	13.21	20.13	13.80	—
Vanguard Morgan Growth Fund	0026	12/31/1968	23.09	34.10	28.96	29.17	18.14	—
Vanguard PRIMECAP Fund	0059	11/01/1984	19.89	41.34	34.36	31.20	21.84	—
International Equity (Stocks)								
Vanguard International Growth Fund	0081	09/30/1981	21.86	26.34	15.43	15.17	9.87	—
Client Specific								
Lockheed Martin Stock Fund	1122	01/31/1995	-32.31	-46.79	-20.11	—	—	1.62
S&P 500 Index			14.88	21.04	27.56	28.56	18.21	—

◆ Indicates the funds in which you have balances.

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0017487

1637 28428

BECHTEL BWXT IDAHO, L. L. C.

October 01, 1999 - December 31, 1999

For information call:
Vanguard Participant Services
(800) 523-1188
Or via the internet at: *www.vanguard.com*

KATHERINE SIMPSON

PERFORMANCE SUMMARY AS OF 12/31/1999 (CONT'D.)

--- Not available for this time period. See "Date fund started".

Since-inception performance figures for Vanguard or non-Vanguard funds greater than 10 years old or for Vanguard-managed company stock accounts or stable value accounts greater than 10 years old are no longer printed on Vanguard statements. However, except for non-Vanguard funds, this information is available online at Access Vanguard™ at *www.vanguard.com* or by calling Participant Services.

Performance figures for periods of more than one year are expressed as average annual total returns.

Performance figures include the reinvestment of dividends and capital gains distributions.

Return since inception is listed under "Since fund started". The inception date is under "Date fund started".

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The total return data provided represent past performance, and the investment return and principal value of an investment will fluctuate so that an investor's shares, when redeemed, may be worth more or less than their original cost.

An investment in a money market fund is neither insured nor guaranteed by the U.S. government, and there is no assurance that the fund will be able to maintain a stable net asset value of $1 per share.

Vanguard funds are neither insured nor guaranteed by the U.S. government.

A MESSAGE FROM YOUR PLAN SPONSOR

Vanguard Workshops

How much will you need to save to meet your retirement goals? How can you create an investment plan to meet your goals? How can you find the money to increase your savings? How can you maintain a budget and manage your debt? Get answers to these and other questions at workshops being planned for 2000. Stay tuned for more details in the coming months.

If you are not a registered user of Vanguard's online service, simply go to www.vanguard.com and click Your Accounts. Be sure to have you Social Security number, plan number, and VOICE(TM) personal identification number ready. If you need assistance, please call Vanguard Participant Services at 1-800-523-1188.

1637 28428

THE Vanguard GROUP.

0017486

Important – Keep This Statement for 1999 Tax Information
Edward Jones will mail your tax-reporting information by Jan. 31, 2000. Each account with tax-reportable activity or income will receive a separate 1099 statement. Accounts exempt from receiving 1099s (retirement accounts, corporations and banks) will not receive this mailing. If you have a retirement account, please see an important message under the section of your statement titled, "Your Retirement Account Summary."

If we can be of service during tax time, please contact your Edward Jones investment representative.

SIMPSON DENTAL OFFICE 2456
MICHAEL K SIMPSON
786 HOFF DR
BLACKFOOT ID 83221-1553

NEIL A. ANDERSON

208-785-3370

800-927-0837

PO BOX 778

BLACKFOOT ID 83221

Maryland Heights, MO 63043-3042
www.edwardjones.com
Member SIPC

J724P802456120

Account number: [redacted]
Statement type: Preferred
November 27 - December 31, 1999

201 Progress Parkway
Maryland Heights, MO 63043-3042
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A Unique Understanding of Your Financial Needs

At Edward Jones, we believe the best investment recommendations are those tailored to your specific needs. That's why we work so hard to thoroughly understand your financial situation and your goals. The following is an overview of your investment and borrowing activity with Edward Jones. Working with your investment representative, use it to determine how we can help you meet other important financial goals. Call NEIL A. ANDERSON at 208-785-3370 or 800-927-0837.

Please refer to your account statement for the exact registration and more specific details regarding each account. Edward Jones statements are issued for each account in March, June, September and December, as well as any month for which account activity occurs.

Investment accounts	Account holder	Account number	Current value	Value one year ago
Profit sharing/separate account	MICHAEL K SIMPSON	[redacted]	$467,030.43	$354,392.75

Compare the rates on our FDIC-insured CDs.
If you need more income in your portfolio, be sure to check the rates on bank-issued certificates of deposit (CDs) offered through Edward Jones. Our short- to medium-term CD rates are very attractive.

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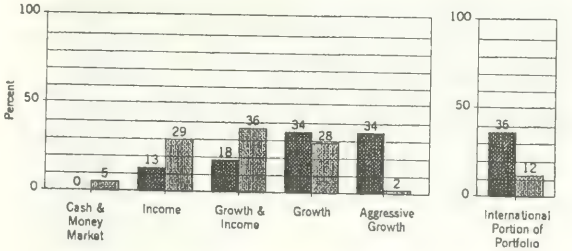
Are you taking advantage of diversification?



The value of diversification
Diversification refers to the way you spread your assets among different types of investments. Over the long term, it can help reduce risk and improve returns so you reach your goals. This graph compares the way you currently diversify your investments to the recommendations of the Edward Jones Investment Policy Committee. Your investment representative can help you determine the right diversification strategy based on your individual situation. (Totals include all the assets in the investment and retirement accounts listed under "A Unique Understanding of Your Financial Needs" on page 1 of the statement.)

Your Portfolio
IPC Recommendation

We hope this overview of your relationship with Edward Jones provides useful information as you consider your financial decisions. Information reported from this point forward is specific to your individual investment and/or retirement account(s).

Please refer to the important information and disclosures on the last page of this package.

Account number: [redacted]
Statement type: Preferred
November 27 - December 31, 1999

201 Progress Parkway
Maryland Heights, MO 63043-3042
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EDWARD D JONES & CO CUSTODIAN
SIMPSON DENTAL OFFICE
FBO MICHAEL K SIMPSON PS
786 HOFF DR
BLACKFOOT ID 83221-1553

NEIL A. ANDERSON
PO BOX 778
BLACKFOOT ID 83221
208-785-3370
800-927-0837

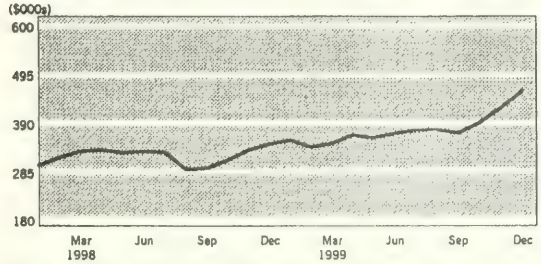
Value Summary (Held at Edward Jones)

Value on Dec 31	$467,030.43
Value on Nov 27	$431,478.86
Value one year ago	$354,392.75

Summary of Your Assets

Held at Edward Jones	Value on Dec 31	Value on Nov 27	Change in value
Cash & money market	$15.70	$15.65	$0.05
Mutual funds	467,014.73	431,463.21	35,551.52
Total at Edward Jones	**$467,030.43**	$431,478.86	$35,551.57

Value of Your Account



This chart shows how the value of your account has changed recently (includes only assets held at Edward Jones). While it's important to be aware of short-term results, don't lose sight of the long term. Edward Jones believes a long-term investment strategy offers the greatest potential for success.

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Account number: [redacted]
Statement type: Preferred
November 27 - December 31, 1999

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Your Retirement Account Summary

	This period	Cumulative
1999 Contributions	$0.00	$0.00
1998 Contributions	$0.00	$0.00

For your retirement account value as of Dec. 31, 1999, please refer to the "Value Summary" section on page one of this statement. Distributions taken from your retirement accounts in 1999 will be reported on IRS Form 1099-R by Jan. 31, 2000. Contributions, rollovers and the year-end account value for IRAs, Roth IRAs, SEP IRAs or SIMPLE IRAs for tax year 1999 will be reported on IRS Form 5498 by May 31, 2000.

Summary of Your Income

	This Period	Year-to-date
Income from securities		
Money market dividends	$0.05	$13.29
Dividends	1,735.08	7,700.41
Capital gain distributions	24,479.60	25,275.13
Total	**$26,214.73**	**$32,988.83**

Your Estimated Interest and Dividends

The following is an estimated summary of your interest and dividend income for the next 12 months. It is based on a variety of factors. These factors, including distribution rates and amount of principal invested, are subject to change. Because they are estimates, the specific amounts listed here are not guaranteed by Edward Jones or by the underlying issuer(s) of the securities. Income from items with * is being reinvested.

		2000												
Mutual Funds	Quantity	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
AMERICAN HIGH INCOME TRUST*	2,332	291	291	291	291	291	291	291	291	291	291	291	291	3,492
BOND FUND OF AMERICA INC*	2,360	182	182	182	182	182	182	182	182	182	182	182	182	2,184
FUNDAMENTAL INVESTORS INC*	1,465			146			146			146			146	584

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Account number: [redacted]
Statement type: Preferred
November 27 - December 31, 1999

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Mutual Funds	Quantity	2000 JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
INCOME FUND OF AMERICA INC*	2,230			602			602			602			602	2,408
NEW PERSPECTIVE FUND INC*	1,828						155						155	310
NEW WORLD FUND INC NEW*	358												71	71
Total		**473**	**473**	**1,221**	**473**	**473**	**1,376**	**473**	**473**	**1,221**	**473**	**473**	**1,447**	**9,049**

Your Assets at Edward Jones

Cash and money market funds	7-day current yield	7-day compounded yield	Current value
Money market	4.66%	4.76%	$15.70
Total cash and money market funds			**$15.70**

Mutual funds	Our asset category	Current price	Current shares	Current value	Historical amount invested	Historical amount withdrawn
AIM EQUITY FDS INC CONSTELLATION FD CL A Quote Symbol: CSTGX	Aggressive	$40.51	1,256.556	$50,903.08	$27,305.88	—
AIM EQUITY FDS INC AGGRESSIVE GROWTH FD CL A Quote Symbol: AAGFX	Aggressive	62.58	765.872	47,928.27	27,304.90	—
AIM GROUP VALUE FD CL B Quote Symbol: AVLBX	Growth	47.20	1,188.597	56,101.78	—	—
AIM INTERNATIONAL FUNDS INC EQUITY FUND CLASS B Quote Symbol: AIEBX	Growth	26.95	1,887.335	50,863.68	27,938.33	—

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Mutual funds, continued	Our asset category	Current price	Current shares	Current value	Historical amount invested	Historical amount withdrawn
AIM INTERNATIONAL FUNDS INC GLOBAL AGGRESSIVE GROWTH CL B Quote Symbol: AGABX	Aggressive	$27.79	1,850.932	$51,437.40	$28,273.32	—
AMERICAN HIGH INCOME TRUST Quote Symbol: AHITX	Aggressive Income	13.84	2,332.206	32,277.73	26,564.05	—
BOND FUND OF AMERICA INC Quote Symbol: ABNDX	Income	12.98	2,360.615	30,640.78	26,572.52	—
FUNDAMENTAL INVESTORS INC Quote Symbol: ANCFX	Growth & Income	32.59	1,465.776	47,769.64	26,564.04	—
INCOME FUND OF AMERICA INC Quote Symbol: AMECX	Growth & Income	15.74	2,230.256	35,104.23	26,564.04	—
NEW PERSPECTIVE FD INC Quote Symbol: ANWPX	Growth	29.44	1,828.551	53,832.54	26,564.03	—
NEW WORLD FUND INC NEW Quote Symbol: NEWFX	Aggressive	28.29	358.982	10,155.60	8,565.94	—
Total mutual funds				**$467,014.73**	—	—

Total estimated asset value **$467,030.43**

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Account number: [redacted]
Statement type: Preferred
November 27 - December 31, 1999

201 Progress Parkway
Maryland Heights, MO 63043-3042
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Summary of Your Investment Activity

Total cash and money market funds on Nov 27	$15.65
Additions	
Income	$26,214.73
Total additions	**$26,214.73**
Subtractions	
Withdrawals to purchase securities	-$26,214.68
Total subtractions	**-$26,214.68**
Total cash and money market funds on Dec 31	**$15.70**

Account number: [redacted]
Statement type: Preferred
November 27 - December 31, 1999

201 Progress Parkway
Maryland Heights, MO 63043-3042
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Detail of Your Investment Activity

Additions

	Type	Date			Days	Rate	Amount	Where Invested
Income	Money market dividends	12/31	MONEY MARKET		39	4.67	$0.05	Money market

Type	Date		Quantity	Amount per share	Rate	Amount	Where Invested
Dividends	11/29	AMERICAN HIGH INCOME TRUST AT DAILY ACCRUAL RATE	2288.88			$240.29	Reinvested
	12/14	INCOME FUND OF AMERICA INC	2084.717	0.27		562.87	Reinvested
	12/15	NEW PERSPECTIVE FUND INC	1678.619	0.11		184.65	Reinvested
	12/16	NEW WORLD FUND INC NEW	356.32	0.20		71.26	Reinvested
	12/17	FUNDAMENTAL INVESTORS INC	1366.67	0.10		136.67	Reinvested
	12/27	BOND FUND OF AMERICA INC AT DAILY ACCRUAL RATE	2346.574			181.83	Reinvested
	12/29	AMERICAN HIGH INCOME TRUST AT DAILY ACCRUAL RATE	2306.356			288.32	Reinvested
	12/29	AMERICAN HIGH INCOME TRUST	2306.356	0.03		69.19	Reinvested
Capital gains distribution - Short term	12/20	AIM GROUP VALUE FD CL B	1108.85	0.885		$981.55	Reinvested
Capital gains distributions - Long-term	12/14	INCOME FUND OF AMERICA INC	2084.717	0.81		$1,688.62	Reinvested
	12/15	NEW PERSPECTIVE FUND INC	1678.619	2.34		3,927.97	Reinvested
	12/16	AIM INTL GLOBAL AGGR GR FD B	1752.632	1.357		2,378.85	Reinvested
	12/16	AIM INTL FDS EQUITY FUND CL B	1816.568	0.926		1,682.14	Reinvested
	12/17	FUNDAMENTAL INVESTORS INC	1366.67	2.185		2,986.17	Reinvested
	12/20	AIM CONSTELLATION FD CL A	1155.177	3.276		3,784.48	Reinvested

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Additions, continued

	Type	Date		Quantity	Amount per share	Rate	Amount	Where Invested
Income	Capital gains distributions - Long-term	12/20	AIM AGGRESSIVE GROWTH FD CL A	687.41	6.441		$4,427.61	Reinvested
		12/20	AIM GROUP VALUE FD CL B	1108.85	2.364		2,622.21	Reinvested
		Total Income					**$20,214.73**	

Subtractions

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	11/29	REINVESTMENT INTO AMERICAN HIGH INCOME TRUST FROM DIVIDEND	17.476	13.75		-$240.29	Income
	12/14	REINVESTMENT INTO INCOME FUND OF AMERICA INC FROM DIVIDEND	36.385	15.47		-562.87	Income
	12/14	REINVESTMENT INTO INCOME FUND OF AMERICA INC FROM LONG TERM CAP GAIN	109.154	15.47		-1,688.62	Income
	12/15	REINVESTMENT INTO NEW PERSPECTIVE FUND INC FROM LONG TERM CAP GAIN	143.2	27.43		-3,927.97	Income
	12/15	REINVESTMENT INTO NEW PERSPECTIVE FUND INC FROM DIVIDEND	6.732	27.43		-184.65	Income
	12/16	REINVESTMENT INTO AIM INTL FDS EQUITY FUND CL B FROM LONG TERM CAP GAIN	70.767	23.77		-1,682.14	Income

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Subtractions, continued

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	12/16	REINVESTMENT INTO AIM INTL GLOBAL AGGR GR FD B FROM LONG TERM CAP GAIN	98.3	24.20		-$2,378.85	Income
	12/16	REINVESTMENT INTO NEW WORLD FUND INC NEW FROM DIVIDEND	2.662	26.77		-71.26	Income
	12/17	REINVESTMENT INTO FUNDAMENTAL INVESTORS INC FROM DIVIDEND	4.337	31.51		-136.67	Income
	12/17	REINVESTMENT INTO FUNDAMENTAL INVESTORS INC FROM LONG TERM CAP GAIN	94.769	31.51		-2,986.17	Income
	12/20	REINVESTMENT INTO AIM CONSTELLATION FD CL A FROM LONG TERM CAP GAIN	101.379	37.33		-3,784.48	Income
	12/20	REINVESTMENT INTO AIM AGGRESSIVE GROWTH FD CL A FROM LONG TERM CAP GAIN	78.462	56.43		-4,427.61	Income
	12/20	REINVESTMENT INTO AIM GROUP VALUE FD CL B FROM LONG TERM CAP GAIN	58.026	45.19		-2,622.21	Income
	12/20	REINVESTMENT INTO AIM GROUP VALUE FD CL B FROM SHORT TERM CAP GAIN	21.721	45.19		-981.55	Income
	12/27	REINVESTMENT INTO BOND FUND OF AMERICA INC FROM DIVIDEND	14.041	12.95		-181.83	Income

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Subtractions, continued

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	12/29	REINVESTMENT INTO AMERICAN HIGH INCOME TRUST FROM DIVIDEND	5.003	13.83		-$69.19	Income
	12/29	REINVESTMENT INTO AMERICAN HIGH INCOME TRUST FROM DIVIDEND	20.847	13.83		-288.32	Income
	Total withdrawals to purchase securities					**-$20,214.68**	

Important – Keep This Statement for 1999 Tax Information
Edward Jones will mail your tax-reporting information by Jan. 31, 2000. Each account with tax-reportable activity or income will receive a separate 1099 statement. Accounts exempt from receiving 1099s (retirement accounts, corporations and banks) will not receive this mailing. If you have a retirement account, please see an important message under the section of your statement titled, "Your Retirement Account Summary."

If we can be of service during tax time, please contact your Edward Jones investment representative.

KATHERINE SIMPSON & 7009
MICHAEL K SIMPSON
786 HOFF RD
BLACKFOOT ID 83221-1553

NEIL A. ANDERSON
208-785-3370
800-927-0837
PO BOX 778
BLACKFOOT ID 83221

201 Progress Parkway
Maryland Heights, MO 63043-3042
www.edwardjones.com
Member SIPC

NJ724P0070091204

201 Progress Parkway
Maryland Heights, MO 63043-3042
www.edwardjones.com
Member SIPC

A Unique Understanding of Your Financial Needs

At Edward Jones, we believe the best investment recommendations are those tailored to your specific needs. That's why we work so hard to thoroughly understand your financial situation and your goals. The following is an overview of your investment and borrowing activity with Edward Jones. Working with your investment representative, use it to determine how we can help you meet other important financial goals. Call NEIL A. ANDERSON at 208-785-3370 or 800-927-0837.

Please refer to your account statement for the exact registration and more specific details regarding each account. Edward Jones statements are issued for each account in March, June, September and December, as well as any month for which account activity occurs.

Investment accounts	Account holder	Account number	Current value	Value one year ago
Joint tenants with right of survivorship	KATHERINE SIMPSON & MICHAEL K SIMPSON	[redacted]	$1,218.52	$46,677.68

Compare the rates on our FDIC-insured CDs.
If you need more income in your portfolio, be sure to check the rates on bank-issued certificates of deposit (CDs) offered through Edward Jones. Our short- to medium-term CD rates are very attractive.

4426

Account number: [redacted]
Statement type: Preferred
November 27 - December 31, 1999

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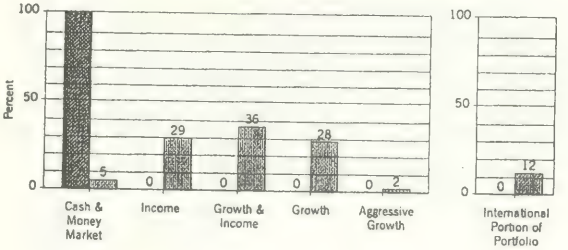
Are you taking advantage of diversification?



The value of diversification
Diversification refers to the way you spread your assets among different types of investments. Over the long term, it can help reduce risk and improve returns so you reach your goals. This graph compares the way you currently diversify your investments to the recommendations of the Edward Jones Investment Policy Committee. Your investment representative can help you determine the right diversification strategy based on your individual situation. (Totals include all the assets in the investment and retirement accounts listed under "A Unique Understanding of Your Financial Needs" on page 1 of the statement.)

Your Portfolio
IPC Recommendation

We hope this overview of your relationship with Edward Jones provides useful information as you consider your financial decisions. Information reported from this point forward is specific to your individual investment and/or retirement account(s).

Please refer to the important information and disclosures on the last page of this package.

4427

Account number: [redacted]
Statement type: Preferred
November 27 - December 31, 1999

201 Progress Parkway
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www.edwardjones.com
Member SIPC

KATHERINE SIMPSON &
MICHAEL K SIMPSON
786 HOFF RD
BLACKFOOT ID 83221-1553

NEIL A. ANDERSON
PO BOX 778
BLACKFOOT ID 83221
208-785-3370
800-927-0837

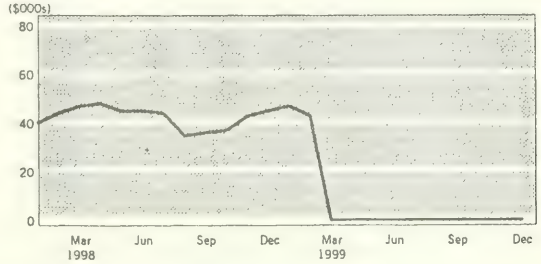
Value Summary (Held at Edward Jones)

Value on Dec 31	$1,218.52
Value on Nov 27	$1,215.15
Value one year ago	$46,677.68

Summary of Your Assets

Held at Edward Jones	Value on Dec 31	Value on Nov 27	Change in value
Cash & money market	$1,218.52	$1,215.15	$3.37
Total at Edward Jones	**$1,218.52**	$1,215.15	$3.37

Value of Your Account



This chart shows how the value of your account has changed recently (includes only assets held at Edward Jones). While it's important to be aware of short-term results, don't lose sight of the long term. Edward Jones believes a long-term investment strategy offers the greatest potential for success.

4428

Account number: [redacted]
Statement type: Preferred
November 27 - December 31, 1999

201 Progress Parkway
Maryland Heights, MO 63043-3042
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Summary of Your Income

	This period			Year-to-date		
Income from securities	Taxable	Tax-free	Total	Taxable	Tax-free	Total
Interest	$3.37	—	$3.37	$55.78	—	$55.78
Dividends	—	—	—	465.98	—	465.98
Total	$3.37	—	**$3.37**	$521.76	—	**$521.76**
Other income or charges						
Loan interest			$0.00			-$745.95
Total			**$0.00**			**-$745.95**

Your Assets at Edward Jones

Cash and money market funds	7-day current yield	7-day compounded yield	Current value
Cash			$1,218.52
Total cash and money market funds			**$1,218.52**

Total estimated asset value **$1,218.52**

Account number: [redacted]
Statement type: Preferred
November 27 - December 31, 1999

201 Progress Parkway
Maryland Heights, MO 63043-3042
www.edwardjones.com
Member SIPC

Summary of Your Investment Activity

Total cash and money market funds on Nov 27	$1,215.15
Additions	
Income	$3.37
Total additions	**$3.37**
Total cash and money market funds on Dec 31	**$1,218.52**

Account number: [redacted]
Statement type: Preferred
November 27 - December 31, 1999

201 Progress Parkway
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Detail of Your Investment Activity

Additions

	Type	Date		Quantity	Amount per share	Rate	Amount	Where Invested
Income	Interest	12/31	ON AVERAGE BALANCE OF $1,215.08 AT 2.500% FROM 11-21-99 TO 12-30-99				$3.37	Cash Balance
		Total Income					**$3.37**	

4431

usbancorp Piper Jaffray. STATEMENT of ACCOUNT

December 1999
Master Account

KATHERINE SIMPSON
786 HOFF DRIVE
BLACKFOOT ID 83221

Account Number
[redacted]
Taxpayer ID
On File

Investment Executive
ELLIS/HONG
506 SOUTH WOODRUFF AVE
IDAHO FALLS ID 83401-5298

Telephone Numbers
800-333-8794
208-522-3791

Nondeposit investment products are not insured by the FDIC, are not deposits or other obligations of or guaranteed by U.S. Bank National Association or its affiliates, and involve investment risks, including possible loss of the principal amount invested.

Call your financial professional for our new 2000 and beyond investment report, which discusses the combining of voice, video and data in ways that are revolutionizing business, communications and entertainment.

Portfolio Assets Summary

	12/01/99	12/31/99
Cash Balance	.00	.00
Money Market Funds	2,289.83	1,340.62
Stocks	12,187.50	12,431.10
Mutual Funds	.00	.00
Fixed Income	.00	.00
Annuities	.00	.00
Portfolio Value*	**14,477.33**	**13,771.72**
Loan Balance	.00	.00
Portfolio Net Worth*	**14,477.33**	**13,771.72**

** Excludes unpriced securities*

Portfolio Income Summary

	12/01/99 to 12/31/99	Year to Date
Money Market Fund	4.57	12.83
Cash Dividends	42.00	168.00
Corporate Bond Interest	.00	.00
Government Bond Interest	.00	.00
Municipal Bond Interest	.00	.00
Capital Gains	.00	.00
Return of Capital/Principal	.00	.00
Total Cash Income	**46.57**	**180.83**
Reinvested Dividends	.00	.00
Reinvested Capital Gains	.00	.00
Reinvested Return of Capital	.00	.00
Total Portfolio Income	**46.57**	**180.83**
Loan Interest Charges	12.83-	233.45-

[redacted]

KATHERINE SIMPSON
786 HOFF DRIVE
BLACKFOOT ID 83221

4482

068426 8018 4602870 0005 0003
3 18772 H870663968

December 1999	KATHERINE SIMPSON	Account Number	Investment Executive	Telephone Numbers
		[redacted]	ELLIS/HONG	208-522-3791

Your Portfolio

Your Holdings	Symbol	Quantity	Date Acquired	Purchase Price	Purchase Cost	Market Price	Market Value	Gain or Loss	% of Holdings	Est. Current Yield %	Est. Annual Income
Stocks											
BOEING COMPANIES	BA	300	02/13/98	Please Provide		41.437	12,431.10	NA	90.3	1.35	168.00
	Stocks Sub-Total						**12,431.10**		**90.3**		**168.00**
Cash Balance & Money Market Funds											
FIRST AMERN PRIME OBLIGS FD A	FIVXX	1,340.620				1.00	1,340.62		9.7	5.08	68.10
	Cash & Money Market Sub-Total						**1,340.62**		**9.7**		**68.10**
	Portfolio Total						**13,771.72**		**100.0**		**236.10**

* Totals exclude securities without purchase cost and/or market price.

Purchase information presented in this section is gathered from sources deemed to be reliable. However, U.S. Bancorp Piper Jaffray does not attest to its accuracy and is not responsible for errors and/or omissions.

Recap of Account and Money Market Fund Activity

Date	Activity	Description	Quantity	Price	Amount	Money Market Balance
	OPENING BALANCE	FIRST AMERN PRIME OBLIGS FD A				2,289.83
12/03/99	CASH DIVIDEND	BOEING COMPANIES	300		42.00	
12/06/99	MONEY MRKT DIVIDEND	FIRST AMERN PRIME OBLIGS FD A DIVIDEND CLOSE-OUT			1.55	
12/06/99	SOLD	FIRST AMERN PRIME OBLIGS FD A	2,289.830	1.00	2,289.83	.00
12/08/99	PURCHASED	PNV.NET INC	500	14.9375	7,612.99-	
12/15/99	SOLD	MEDICALOGIC INC MM	100	26.25	2,566.29	
12/15/99	PURCHASED	MEDICALOGIC INC MM	100	17.00	1,700.00-	
12/15/99	SOLD	PNV.NET INC	500	11.625	5,763.75	
12/16/99	LOAN INTEREST	11/19-12/15/99 RATE 9.750% AVERAGE BALANCE 1583.88 ENDING BALANCE 5279.61 [redacted]			11.58-	

4433

December 1999	KATHERINE SIMPSON	Account Number	Investment Executive	Telephone Numbers
		[redacted]	ELLIS/HONG	208-522-3791

Recap of Account and Money Market Fund Activity (Continued)

Date	Activity	Description	Quantity	Price	Amount	Money Market Balance
12/16/99	LOAN INTEREST	11/16-11/18/99 RATE 9.500% AVERAGE BALANCE 1583.88 ENDING BALANCE 5279.61			1.25-	
12/16/99	PURCHASED	FIRST AMERN PRIME OBLIGS FD A	1,350.430	1.00	1,350.43-	1,350.43
12/17/99	SOLD	FIRST AMERN PRIME OBLIGS FD A	12.830	1.00	12.83	1,337.60
* 12/31/99	MONEY MRKT DIVIDEND	FIRST AMERN PRIME OBLIGS FD A MTD DIVIDEND REINVEST	3.020	1.00	3.02	1,340.62
12/31/99	CLOSING BALANCE	FIRST AMERN PRIME OBLIGS FD A				1,340.62

** Denotes entry which affects **'Money Market Balance'** column only. Not to be used in reconciling your opening and closing cash balances.*

Realized Gain/Loss

Information presented in this section is gathered from sources deemed to be reliable. However, U.S. Bancorp Piper Jaffray does not attest to its accuracy and is not responsible for errors and/or omissions.

Opening Date	Closing Date	Quantity	Security Description	Opening Price	Opening Cost	Closing Price	Closing Value	Realized Gain/Loss
09/27/99	10/29/99	500	ADVANTAGE LEARNING SYS INC MM	18.000	9,116	26.8125	13,185	+4,069
12/10/99	12/10/99	100	MEDICALOGIC INC MM	17.000	1,700	26.250	2,566	+866
12/01/99	12/10/99	500	PNV.NET INC	14.9375	7,613	11.625	5,763	-1,850
			Total Realized Gain					**+4,935**
			Total Realized Loss					**-1,850**
			Net Realized Gain/Loss		**18,429**		**21,514**	**+3,085**

4434

MORGAN STANLEY DEAN WITTER TRUST FSB

U.S. Government Money Market Trust

January 1, 1999-December 31, 1999

Your Financial Advisor
WILLIAM BROWN
DEAN WITTER REYNOLDS INC.
670 SOUTH WOODRUFF AVE
IDAHO FALLS, ID 83401
(208) 525-1301

For fund account information, call 1-800-869-NEWS(6397)

Account number [redacted]

Total Market Value 12/31/1999.....$ 997.04

Total Earnings this Quarter

Dividends.....$ 11.55 Capital Gains.....none

KATHERINE SIMPSON
786 HOFF DR
BLACKFOOT ID 83221-1553

Year-to-date Summary

Fund name	*Purchases*	*Redemptions*	*Dividends*	*Capital gains*	*Taxes withheld*
U.S. Government Money Market Trust	$ 1,671.04	$ 674.00	$ 20.30	none	none

Fund Activity

Plan number 230-511100437 Uncertified TIN

Features you have chosen for this fund
reinvest dividends

Transaction date	*Activity*	*Gross dollar amount*	*Sales charge and or tax withheld*	*Net dollar amount*	*Number of shares added or deducted*	*Interim dividend*	*Total shares owned*
01/01/1999	Opening balance						.000
06/02/1999	Purchase	$ 1,000.00	none	$ 1,000.00	1,000.000+	none	1,000.000
06/03/1999	Redemption	674.00	none	674.00	674.000-	.11+	326.110
06/07/1999	Purchase	.74	none	.74	.740+	.13+	326.980
06/30/1999	Income dividend	.72	none	.72	.720+	none	327.700
07/30/1999	Income dividend	.97	none	.97	.970+	none	328.670
08/02/1999	Purchase	650.00	none	650.00	650.000+	.11+	978.780
08/31/1999	Income dividend	3.22	none	3.22	3.220+	none	982.000
09/30/1999	Income dividend	3.49	none	3.49	3.490+	none	985.490
10/29/1999	Income dividend	3.49	none	3.49	3.490+	none	988.980

Fund Activity continued

Transaction date	Activity	Gross dollar amount	Sales charge and or tax withheld	Net dollar amount	Number of shares added or deducted	Interim dividend	Total shares owned
11/30/1999	Income dividend	$ 4.05	none	$ 4.05	4.050+	none	993.030
12/31/1999	Income dividend	4.01	none	4.01	4.010+	none	997.040
12/31/1999	Closing balance						997.040 total shares

Following are the Fund's 30-day average annualized yields during the past quarter: October 4.57%, November 4.84% and December 4.84%.

Important Information

Did you know that you can obtain account information 24-hours a day? Our AutoPrompt Helpline, at 1-800-869-NEWS(6397), provides account balance, total return, yield, net asset value, transaction and tax information.

MIKE SIMPSON
SECOND DISTRICT, IDAHO

1440 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-5531

HAND DELIVERED

COMMITTEES

AGRICULTURE
RESOURCES
TRANSPORTATION
AND INFRASTRUCTURE
VETERANS' AFFAIRS

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

(1)
✓
MC

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June 15, 2000

MEMORANDUM for Stacy

FROM Cong. Mike Simpson

Stacy –

This is a letter to clarify two points on my financial disclosure report. First, the item listed as "Simpson Properties" on Schedule 3 is the dental building. Second, the item listed as "40 acres of farm ground in Blackfoot, Idaho" on Schedule 4 was purchased in 1999, and no income has yet been realized from this property. In addition, this item should appear as an item on Schedule 3 with a value noted in Column F.

I hope this letter will serve to clear up any confusion about my report. Should you have further questions, please contact my Washington, D.C. office at 225-5531.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
DISTRIBUTIVE RESOURCE CENTER
00 JUN 12 PM 1:05
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82

HAND DELIVERED
(Office Use Only)

Norman Sisisky
(Full Name)

Post Office Box 2900
(Mailing Address)

Petersburg, Virginia 23804-2900 — Daytime Telephone (202) 225-6365

Filer Status	[X] Member of the U.S. House of Representatives — State Virginia District 4	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Norman Sisisky	June 12, 2000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples.* SP	Mega Corp Stock					X							X																		P
		Simon & Schuster		Indefinite																Royalties									X			
		1st Bank of Paducah, KY accounts					X									X										X						
	See attached continuation sheets. Each asset listed on Schedule III continuation sheets represents common stock unless otherwise indicated.																															

For additional assets and unearned income, use next page.

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Specify: Rev Ruling, Partnership, Business, Farm, Royalty)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	BLOCK E Transaction
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																															P, S, E
	Municipal FD For Temp Invt Munifund Portfolio							X								X											X					
	Alexandria VA Indl Dev Auth Rev Bd 0%							X								X								X								P
	07/01/2022 Purchased interest thereon		X																		X											P
	Amherst Cnty VA Bd OID 4.3% 01/01/2002						X									X					X											P
	Purchased interest thereon			X																	X											P
	Arlington Cnty VA Bd OID 6% 08/01/2012-04						X									X					X											P
	Purchased interest thereon		X																		X											P
	Arlington Cnty VA Bd 5% 6/1/2012-07					X										X										X						
																	X								X							S
	Blue Ridge Regl Jail Auth VA Bd 5.25%						X									X										X						
	12/1/2008-07																															
	Charlottesville VA Bd 5.75% 7/15/2002-01						X									X					X											P
	Purchased interest thereon			X																	X											P
	Chesapeake VA Wtr & Swr Bd 4.85% 12/1/2005						X									X										X						

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (LIFE CITY, Fee Estate, Partnership, Business or Farm Income)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	BLOCK E Transaction P, S, E
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																														
	Fairfax Cnty VA Improv Rev Bd 5.6% 5/1/2003-99					X										X									X						S
	Henrico Cnty VA Economic Dev Auth Pub Fac Lease Rev Rfdg Bd 5.5% 11/01/2008						X									X					X										P
	Purchased interest thereon			X																	X										P
	Henry Cnty VA Pub Svc Auth Swr Rev Rfdg Bd 8.825% 11/01/2005						X									X					X										P
	Purchased interest thereon		X																		X										
	Loudoun Cnty VA Pub Impt Bd 5% 12/01/2006						X									X								X							P
	Purchased interest thereon	X														X							X								P, S
	Newport News VA Wtr Ser A Bd 5.8% 6/1/2004-02						X									X									X						
	Norfolk VA Cap Impt Bd 5.375% 06/01/2014-07						X									X								X							P
	Purchased interest thereon	X																			X										P, S
	Norfolk VA Indl Dev Auth Rev Bd Hosp Daughters Charity Depaul 6.5% 12/1/2007-02						X									X									X						

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Number of Sec. Exchange Commission Reporting)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	BLOCK E Transaction
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																															P, S, E
	Norfolk Va Wtr Rev Bd 5.6% 11/1/2011-05						X									X									X							
	Portsmouth VA Bd 5% 8/1/2010-06						X									X									X							
	Prince William Cnty VA Bd 5.5% 7/1/2005						X									X									X							S
	Puerto Rico Cmwlth Hwy & Transn Auth Hwy Rfdg Bd Ser V 6.375% 7/1/07-02						X									X									X							
	Richmond Va Rfdg Ser B Pub Impt Ut Bd 6.25% 01/15/2018-01						X									X									X							
	Roanoke VA Rfdg & Pub Impt Ser A & B Bd 6.4% 8/1/2012-01						X									X									X							
	Roanoke VA Indl Dev Auth Hosp Rev Rfdg Bd Roanoke Mem Hosp Ser C 3.5% 7/1/2019-00							X								X								X								P
	Purchased interest thereon		X																		X											P

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (INCLUDE ANY SOURCE OF INCOME EXCEEDING 5% OF TOTAL INCOME)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	BLOCK E Transaction
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																															
	Spotsylvania Cnty VA Indl Dev Auth Residential Care Fac Rev Var Rfdg Bd 3.5% 10/1/2020-00							X								X										X						P
	Purchased interest thereon	X																			X											P, S
	Spotsylvania Cnty VA Wtr & Swr Sys Rev Bd 5.125% 6/1/2011-07						X									X									X							
	Suffolk VA Rfdg Pub Impt Bd 5% 12/1/2013-07						X									X									X							
	University VA Univ Revs Rfdg Gen Bd Ser A 5.2% 6/1/2012						X									X									X							
	Upper Occoquan Sew Auth VA Regl Sew Rev Bd Ser A 6% 7/1/2005						X									X									X							
	Virginia Beach VA 6.9% 10/01/2001-1999	X															X							X								S
																X									X							
	Virginia St Bd 5.9% 6/1/2005						X									X									X							P

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (LIST OR "Tax Exempt" Particulars Of Tax Exemption)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	Virginia St Bd 5% 6/10/2009-07					X										X								X								P
	Purchased interest thereon	X																			X											P, S
	Virginia St Hsg Dev Auth Comwlth Mtg Bd 5.65% 7/1/2013-2005					X										X					X											P
	Purchased interest thereon			X																	X											P
	Virginia St Hsg Dev Auth M/Fam Hsg Bd Ser H 6.3% 11/1/2015-05						X									X									X							
	Virginia St Pub Sch Auth Rfdg Bd 5.25%						X														X											P
	8/1/2009 Purchased interest thereon			X																	X											P
	Virginia St Transn Brd Transn Contract Rev Northern Dist PG-A Bd 6.25% 5/15/2012-04						X									X									X							
	Virginia St Univ VA Gen-Ser A 5.75% 5/1/2004						X									X									X							
	Purchased interest thereon	X																			X											S
	Abbott Labs							X						X											X							

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (SPECIFY: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																															P, S, E
	Coca-Cola Co								X					X												X						
	Exxon Mobil Corp (formerly Mobil Corp)							X													X											E
	Fannie Mae							X						X												X						
	General Electric Co									X				X													X					
																	X											X				P, S
	Merck & Co Inc							X						X												X						P, S
																	X												X			
	Mobil Corp (exchanged for Exxon Mobil Corp)	X												X												X						E
	Schlumberger LTD						X							X										X								
																	X												X			P, S
	Transocean Sedco Forex Inc			X																	X											E

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (LIKE CRP, For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																														P, S, E
	United Dominion Rlty TR Inc	X												X			X								X		X				S
	Wachovia Corp	X												X			X							X			X				S
	Sensormatic Electrs Corp	X															X						X								P,S
	Linkon Corp - units represented by common shares plus warrants expiring 08/01/00	X																			X										S

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (specify: Tax Exempt, Deferred, Partnership, Trust, Farm, Business)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																																
	Albertsons Inc.	X												X											X								P, S
	Automatic Data Processing Inc									X				X												X							
																	X												X				P, S
	Autozone Inc							X									X										X						P, S
	Clorox Co				X									X										X									P, S
																	X									X							
	CVS Corp							X						X									X										P
	Dell Computer	X															X												X				S
	Disney (Walt) Company			X													X												X				P, S
														X								X											
	Dollar Gen Corp							X						X											X								
																	X												X				P, S
	Gap Inc							X						X									X										P

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (SPECIFY Fed Business, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																														
	Gillette Co							X						X			X								X			X			P, S
	Hershey Foods Corp	X												X			X					X		X							P, S
	Home Depot Inc							X						X									X								P
	Intel Corp						X							X								X									P
	Johnson & Johnson							X						X			X								X			X			P, S
	Lilly Eli & Co						X							X									X								P
	Mattel Inc.	X												X									X								S
	Marriott Intl Inc Class A						X							X									X								P, S
	McDonalds Corp							X						X			X								X			X			P, S

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Specify: Royalties, Farm income, Revenue)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																														P, S, E
	Northern Tr Corp							X						X			X						X			X					P, S
	Proctor & Gamble Co							X						X			X									X	X				P, S
	Rentokil Initial PLC Sponsored ADR	X												X										X							P, S
	Servicemaster Co	X												X											X						P, S
	State Str Corp								X					X			X									X	X				P, S
	Stryker Corp							X									X										X				P, S
	Sysco Corp						X							X			X								X		X				P, S
	Walgreen Co							X						X			X							X					X		P, S
	Wrigley (William) Jr. Co	X												X									X								P, S

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Specify: Tax Exempt, Partnership, Rental Income, Royalty, Farm Income)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	BLOCK E Transaction
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																														P, S, E
	Municipal Fd For Temp Invt				X											X										X					
	AT&T Corp				X									X								X			X						P, S
																	X														
	Alcoa Inc				X									X								X									P
	America Online Inc				X																X										P
	American Intl Group Inc				X									X								X									P
	Amgen Inc				X																X										P
	Bellsouth Corp	X															X						X								P, S
														X								X									
	Biogen Inc				X																X										P
	Black & Decker Corp				X									X								X									P

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (SPECIFY: Fair Exchange, Partnership, Income of Earn Income)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	BLOCK E Transaction: P, S, E
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																															
	Bristol Meyers Squibb Co				X									X								X										P
	Cardinal Health Inc	X															X							X								P, S
														X								X										
	Carnival Corp CL A				X									X								X										P
	Cisco Sys Inc				X																X											P
	Citigroup Inc				X									X								X										P
	Clear Channel Communications Inc			X																	X											P
	Computer Sciences Corp	X															X							X								P, S
	Dayton Hudson Corp				X									X								X										P
	Dell Computer				X																X											P

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Specify: Income of Partnership, Partnership)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																														
	E I Du Pont De Nemours & Co			X										X								X									P
	EMC Corp				X																X										P
	Elan Corp PLC ADR			X																	X										P
	L M Ericsson Tel Co ADR Cl B				X																X										P
	Exxon Mobil Corp (name changed from Exxon Corp effective 12/01/99)				X									X									X								P
	Fiserv Inc				X																X										P
	Goldman Sachs Group Inc				X									X								X									P
	Intl Business Machines Corp				X									X								X									P
	JDS Uniphase Corp				X																X										P

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (SPECIFY: For Example: Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	Lucent Technologies Inc				X									X								X										P, S
																	X								X							
	MCI Worldcom Inc				X																X											P
	Medtronic Inc				X									X								X										P
	Mellon Finl Corp (name change from Mellon Bank effective 10/20/99)			X										X								X										P
	Microsoft Corp				X																X											P
	Nike Inc Class B			X										X								X										P
	Nokia Corp ADR				X																X											P
	Nortel Networks Corp				X																X											P
	Progressive Corp			X										X								X										P

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (SPECIFY: Fed Earnings, Partnership Interest, or Earned Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	Quest Communications Intl Inc	X																			X										P, S
	SBC Communications Inc				X																X										P
	Schering Plough Corp				X									X								X									P
	Solectron Corp				X																X										P
	Staples Inc			X																	X										P
	Starbucks Corp			X																	X										P
	Sun Microsystems Inc				X																X										P
	Texaco Inc				X									X								X									P
	Texas Instruments Inc				X									X								X									P

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (SPECIFY: For Exempt Partnership Income or Loss Interest)	i None	ii $1 - $200	iii $201 - $1,000	iv $1,001 - $2,500	v $2,501 - $5,000	vi $5,001 - $15,000	vii $15,001 - $50,000	viii $50,001 - $100,000	ix $100,001 - $1,000,000	x $1,000,001 - $5,000,000	xi Over $5,000,000	P, S, E
	Time Warner Inc				X									X								X										P
	Tyco Intl	X												X								X										P, S
	Wal Mart Stores Inc				X									X								X										P
	Yahoo Inc					X															X											P
	Northern International Growth Equity Fund				X									X										X								P
	Northern Small Cap Fund	X																			X											P, S
	Northern Small Cap Growth Fund				X									X								X										P
	Northern Mid Cap Equity Fund				X									X								X										P
	Northern Technology Fund					X								X											X							P

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Specify: Capital Gains, Royalties, Rents or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	Federal Farm Cr Bks Cons Systemwide BDS DISC NT 01/18/2000					X								X																	P
	Northern Money Market Fund					X										X										X					P
	Benton Oil & Gas Co	X																			X										S
	Chase Manhattan Corp	X												X			X						X				X				S
	Diamond Offshore Drilling Inc.	X												X			X					X			X						S
	First Union Corp.					X								X											X						S
	First Virginia Banks Inc	X												X			X						X	X							S
	Media General Inc Cl A	X												X			X					X				X					S
	NCR Corp	X															X					X									S

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (specify: Rent, Royalties, Partnership Income, or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																															P, S, E
	Parkervision Inc							X													X											P
	Suntrust Banks Inc	X												X									X									
																	X										X					E, S
	Toys R Us Inc	X																			X											S
	Transocean Offshore Inc	X												X								X										S
	UTS EFT REIT Portfolio Ser 97M Mthly Pmt	X												X									X									S
	Southwestern Bell Tel Co PFD 6.875%	X												X									X									S
	Tenn Valley Auth PFD 6.75% Ser D	X												X									X									S
	Smith Barney Money Funds Cash Portfolio Cl A			X										X												X						
	Federal Home Loan Mtg Corp Debs 7.25% 11/1/2006/1999	X														X									X							S

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Specify: Interest, Royalty, Partnership, Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	
	Each Asset Listed on Schedule III Continuation Sheets is common stock unless otherwise indicated.																														P, S, E
	Federal ARGIC Mtg Corp Medium Term Notes 5.926% Matures 6/4/2008	X														X							X								S
	Upper Occoquan VA SWG Au Regl SWG 5% 7/10/2005	X														X							X								S
	Purchased Interest Thereon	X																			X										S
	United Shields Corp		X																		X										

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Specify: Pay, Earned Income, Farm Income, or Farm Income)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	BLOCK E Transaction: P, S, E
	Archer-Daniels-Midland Co.				X									X									X									
	Ladd Furniture Inc.			X																	X											
	Halliburton Co.			X										X								X										
	Highland Ins Group		X																		X											
	PepsiCo Inc.									X				X														X				
	Doughtie's Foods, Inc.	X												X								X										E
	Sysco Corp			X										X								X										E
	Anheuser Busch Cos. Inc.							X						X												X						
	Earthgrains Co.			X										X								X										
	First Union National Bank - Cash Accounts						X									X										X						
	Metropolitan Life Dividend Account			X												X						X										
	Metropolitan Life Policy			X							Policy distribution									X			X									
	Congressional Federal Credit Union							X								X										X						
	State Bank of the Alleghenies (2)					X								X										X								
	The Berkeley Venture (4) Assets of the Berkeley Venture: Cash 7.328 acres of unimproved real estate, City of Petersburg, VA				X																X											
	Lee Distributing Co. Inc. Employees' Pension Plan (7)						X														X											
	Virginia Retirement System [7(b)]			X											Pension					X				X								
	Patterson Land Corporation (5)			X										X									X									

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (SPECIFY: Pay Example, Partnership Income or Rate Holder)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	BLOCK E Transaction: P, S, E
	MFS Money Market Fund	X												X											X							E
	MFS New Discovery Fund - A					X															X											E
	Capital One Financial Corp.					X								X									X									
	Whitehill LC 7.75% Deed of Trust Note payable in level monthly payments until 7/31/05 when the balance matures (1)								X							X	X									X		X				E
	Tricon Global Restuarants							X													X											
	United Shields Corporation		X																		X											
	Northern Trust Bank of Florida, N.A Rollover IRA (Not Self-Directed)									X				IRA Distribution X			X			X			N/A-IRA					X				
	Improved Commercial Real Estate, 926 Church Street, Blackstone, VA (3)					X									X X		Gross Net									X X						

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (SPECIFY - For Example: Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
	Each Asset Listed on Schedule III continuation sheets is common stock unless otherwise indicated																															
	New Dominion LC (6)									X				Limited Liability Co						X									X			
	Assets of New Dominion LC:																															
	Auto Data Processing Inc.																															
	Autozone Inc.																															
	CVS Corp																															
	Dollar Gen Corp																															
	Gap Inc																															
	General Electric Co																															
	Gillette Co																															
	Home Depot Inc																															
	Intel Corp																															
	Johnson & Johnson																															
	Lilly Eli & Co																															
	Marriott Intl Inc Cl A																															
	McDonalds Corp																															
	Merck & Co Inc																															
	Pfizer Inc																															
	Proctor & Gamble Co																															
	State Street Corp																															

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	Each Asset Listed on Schedule III continuation sheets is common stock unless otherwise indicated	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Interest, Royalties, Business or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	Assets of New Dominion LC, continued:																														
	Stryker Corp Com																														
	Anheuser Busch Cos Inc																														
	Automatic Data Processing Inc																														
	CSX Corp																														
	Chase Manhattan Corp																														
	Correctional Svcs Corp																														
	First Union Corp																														
	Illinois Tool Works Inc																														
	Markel Corp																														
	Media General Inc																														
	J P Morgan & Co																														
	Northern Tr Corp																														
	Pitney-Bowes Inc																														
	Prison Rlty Tr Inc																														
	Suntrust Bks Inc																														
	Symbol Technologies Inc																														
	Berkshire Hathaway Class A																														

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (SPECIFY: For Business Partnership Income or Loss Interest)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	Each Asset Listed on Schedule III continuation sheets is common stock unless otherwise indicated																															
	Berkshire Hathaway Class B																															
	Assets of New Dominion LC, continued:																															
	Caraustar Industries Inc																															
	Centerpoint Properties																															
	Cincinnati Financial Corp																															
	EXEL Capital Ltd.																															
	Federal Rlty Invt Tr SBI																															
	Hillenbrand Industries, Inc.																															
	Investors Title Company																															
	Martin Marietta Materials Inc.																															
	Plum Creek Timber Company Inc.																															
	RLI Corporation																															
	Servicemaster Company																															
	Synalloy Corp																															
	Tandy Corp																															
	Washington Real Estate Inv Tr SBI																															
	Wilmington Trust Corp																															
	AT&T Corp																															

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (SPECIFY: Tax Exempt, Partnership, Income of Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	
	Each Asset Listed on Schedule III continuation sheets is common stock unless otherwise indicated																															P, S, E
	Alcoa Inc																															
	America Online Inc																															
	Assets of New Dominion LC, continued:																															
	American Intl Group Inc																															
	Amgen Inc																															
	Bellsouth Corp																															
	Biogen Inc																															
	Black & Decker Corp																															
	Bristol Myers Squibb Co																															
	Carnival Corp Cl A																															
	Cisco Sys Inc																															
	Citigroup Inc																															
	Clear Channel Communications Inc																															
	Clorox Co																															
	Dayton Hudson Corp																															
	Dell Computer																															
	Walt Disney Co																															
	E I Du Pont De Nemours & Co																															

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
	Each Asset Listed on Schedule III continuation sheets is common stock unless otherwise indicated	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Specify: Royalty, Farm income, Partnership income, etc.)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	EMC Corp																														
	L M Ericsson Tel Co ADR Cl B																														
	Exxon Mobil Corp																														
	Assets of New Dominion LC, continued:																														
	Fiserv Inc																														
	General Electric Co																														
	Goldman Sachs Group Inc																														
	Home Depot Inc																														
	Intel Corp																														
	Intl Business Machines Corp																														
	JDS Uniphase Corp																														
	Lucent Technologies Inc																														
	MCI Worldcom Inc																														
	Medtronic Inc																														
	Mellon Fint Corp																														
	Merck & Co Inc																														
	Microsoft Corp																														
	Nike Inc Class B																														

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (SPECIFY: Flat Income, Partnership Income, Tax Exempt Interest)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	Each Asset Listed on Schedule III continuation sheets is common stock unless otherwise indicated																															
	Nokia Corp ADR																															
	Nortel Networks Corp																															
	Procter & Gamble Co																															
	Progressive Corp																															
	Assets of New Dominion LC, continued:																															
	Schering Plough Corp																															
	Schlumberger LTD																															
	Solectron Corp																															
	Staples Inc																															
	Starbucks Corp																															
	State Street Corp																															
	Sun Microsystems Inc																															
	Texaco Inc																															
	Texas Instruments Inc																															
	Time Warner Inc																															
	Transocean Sedco Forex, Inc.																															
	Wal Mart Stores Inc																															
	Yahoo Inc																															

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Specify: Tax Exempt, Deferred, etc.)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
	Each Asset Listed on Schedule III continuation sheets is common stock unless otherwise indicated																															
	Northern International Growth Equity Fund																															
	Northern Small Cap Growth Fund																															
	Northern Mid Cap Equity Fund																															
	Northern Technology Fund																															
	Assets of New Dominion LC, continued:																															
	Federal Farm Cr Bks Cons Systemwide Bds Discount Note 01/18/2000																															
	Northern Money Market Fund																															
	Cash - First Union Capital Management																															
	Cash - Scott & Stringfellow, Inc																															
	Cash - First Union Checking																															
	Cash - Bank of the Commonwealth (CDs)																															
	Equitable Cos.																															
	Evergreen Select Money Market Fund CL IS																															
	Federated Government Cash Series/FG																															
	First Federal Savings Bank																															
	Accounts Receivable - Members																															

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER TYPE OF INCOME (Specify: Tax Exempt, Partnership, Trust or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000,000	P, S, E
	Each Asset Listed on Schedule III continuation sheets is common stock unless otherwise indicated																															
	Benham Certified Metals - Gold																															
	Alliance Capital Partners LP																															
	Las Gaviotas Shopping Center, Va. Beach, Va., Tenancy-In-Common Interest																															
	Gulfstream Partners, L.P.																															
	Capital Sports Marketing LLC																															
	Assets of New Dominion LC, continued:																															
	Cash Value of Life Insurance																															
	Computer Equipment																															
	Accounts Receivable - Miscellaneous																															

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SCHEDULE IV — TRANSACTIONS

Name Norman Sisisky

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–99		X								
	See attached continuation sheets															
	Transactions listed in Schedule IV continuation sheets are in common stock unless otherwise indicated.															

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SCHEDULE IV -- TRANSACTIONS

NAME Norman Sisisky

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SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXHCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Alexandria VA Indl Dev Auth Rev Bd 0% 07/01/2022	X			07/29/99					X					
	Spotsylvania Cnty VA Indl Dev Auth Res Care Fac Bd 3.5% 10/01/2020-2000	X			07/29/99					X					
	Norfolk VA Cap Impt Bd 5.375% 06/01/2014-2007	X			07/29/99				X						
	Roanoke VA Indl Dev Auth Hosp Rev Rfdg Bd 3.5% 07/01/2019-2000	X			07/29/99					X					
	Arlington Cnty VA Bd 6% 08/01/2012-2004	X			08/17/99				X						
	Amherst Cnty VA Bd 4.3% 01/01/2002	X			09/29/99				X						
	Loudoun Cnty VA Pub Impt Bd 5% 12/01/2006	X			09/29/99				X						
	Virginia St Bd 5% 06/01/2009-2007	X			10/04/99				X						
	Virginia St Hsg Dev Auth Comwlth Mtg Bd 5 65% 07/01/2013-2005	X			11/10/99			X							
	Henrico Cnty VA Economic Dev Auth Bd 5.5% 11/01/2008	X			11/16/99				X						
	Virginia St Pub Sch Auth Rfdg Bd 5.25% 08/01/2009	X			11/23/99				X						
	Henry Cnty VA Pub Svc Auth Swr Bd 8 825% 11/01/2005	X			11/26/99				X						
	Charlottesville VA Bd 5.75% 07/15/2002-2001	X			12/27/99				X						
	Automatic Data Processing Inc	X			01/21/99		X								
	Automatic Data Processing Inc	X			01/27/99		X								
	Merck & Co Inc	X			01/28/99				X						

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SCHEDULE IV -- TRANSACTIONS

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SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Marriott Intl Inc Class A	X			02/02/99		X								
	Marriott Intl Inc Class A	X			02/03/99		X								
	Marriott Intl Inc Class A	X			02/04/99		X								
	Marriott Intl Inc Class A	X			02/05/99		X								
	Marriott Intl Inc Class A	X			02/08/99		X								
	Marriott Intl Inc Class A	X			02/09/99		X								
	Stryker Corp	X			02/09/99		X								
	Stryker Corp	X			02/10/99		X								
	Marriott Intl Inc Class A	X			02/11/99		X								
	Stryker Corp	X			02/11/99		X								
	Stryker Corp	X			02/12/99		X								
	Stryker Corp	X			02/16/99		X								
	Stryker Corp	X			02/17/99		X								
	Stryker Corp	X			02/18/99		X								
	Sysco Corp	X			02/22/99		X								
	Sysco Corp	X			02/23/99		X								
	Stryker Corp	X			02/24/99		X								
	Sysco Corp	X			02/24/99			X							
	Stryker Corp	X			02/25/99	X									

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SCHEDULE IV -- TRANSACTIONS

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SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXHCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Sysco Corp	X			02/25/99			X							
	Stryker Corp	X			02/26/99	X									
	Sysco Corp	X			02/26/99			X							
	Sysco Corp	X			03/01/99			X							
	Stryker Corp	X			03/02/99			X							
	Sysco Corp	X			03/02/99		X								
	Sysco Corp	X			03/03/99		X								
	Sysco Corp	X			03/04/99		X								
	Sysco Corp	X			03/05/99	X									
	Johnson & Johnson	X			03/10/99			X							
	General Elec Co	X			03/11/99			X							
	Automatic Data Processing Inc	X			03/19/99			X							
	Stryker Corp	X			03/22/99		X								
	Rentokil Initial PLC ADR	X			03/22/99		X								
	Stryker Corp	X			03/23/99		X								
	Servicemaster Co	X			03/24/99			X							
	Stryker Corp	X			03/24/99		X								
	Rentokil Initial PLC ADR	X			03/24/99		X								
	Servicemaster Co	X			03/25/99		X								

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SCHEDULE IV -- TRANSACTIONS

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Rentokil Initial PLC ADR	X			03/25/99		X								
	Servicemaster Co	X			03/26/99		X								
	Autozone Inc	X			03/29/99			X							
	Servicemaster Co	X			03/29/99		X								
	Servicemaster Co	X			03/30/99		X								
	Rentokil Initial PLC ADR	X			03/30/99		X								
	Servicemaster Co	X			03/31/99	X									
	Servicemaster Co	X			04/01/99	X									
	Rentokil Initial PLC ADR	X			04/01/99		X								
	Servicemaster Co	X			04/05/99	X									
	Rentokil Initial PLC ADR	X			04/05/99		X								
	Servicemaster Co	X			04/06/99	X									
	Servicemaster Co	X			04/07/99		X								
	Servicemaster Co	X			04/08/99	X									
	Servicemaster Co	X			04/09/99		X								
	Rentokil Initial PLC ADR	X			04/09/99		X								
	Servicemaster Co	X			04/12/99		X								
	Albertsons Inc	X			04/13/99				X						
	Servicemaster Co	X			04/13/99		X								

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SCHEDULE IV -- TRANSACTIONS

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SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXHCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Sysco Corp	X			04/13/99		X								
	Albertsons Inc	X			04/14/99				X						
	Servicemaster Co	X			04/14/99				X						
	Sysco Corp	X			04/14/99		X								
	Albertsons Inc	X			04/15/99			X							
	Sysco Corp	X			04/15/99		X								
	Albertsons Inc	X			04/16/99			X							
	Rentokil Initial PLC ADR	X			04/19/99		X								
	Rentokil Initial PLC ADR	X			04/21/99			X							
	Walgreen Co	X			04/23/99				X						
	Rentokil Initial PLC ADR	X			04/27/99			X							
	Rentokil Initial PLC ADR	X			04/28/99			X							
	Albertsons Inc	X			04/29/99		X								
	Albertsons Inc	X			04/30/99		X								
	Autozone Inc	X			04/30/99		X								
	Autozone Inc	X			05/04/99		X								
	Servicemaster Co	X			05/04/99	X									
	Autozone Inc	X			05/05/99		X								
	Servicemaster Co	X			05/06/99	X									

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SCHEDULE IV -- TRANSACTIONS

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SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10/12/1999		X								
	Servicemaster Co	X			05/07/99	X									
	Hershey Foods Corp	X			05/10/99		X								
	Hershey Foods Corp	X			05/11/99		X								
	McDonalds Corp	X			05/17/99				X						
	Walgreen Co	X			05/17/99		X								
	Walgreen Co	X			05/18/99		X								
	Rentokil Initial PLC ADR	X			05/18/99	X									
	McDonalds Corp	X			05/19/99	X									
	Walgreen Co	X			05/19/99		X								
	Rentokil Initial PLC ADR	X			05/19/99			X							
	Walgreen Co	X			05/20/99	X									
	Rentokil Initial PLC ADR	X			05/20/99		X								
	Gillette Co	X			05/25/99			X							
	McDonalds Corp	X			05/25/99				X						
	State Str Corp	X			06/08/99	X									
	Walgreen Co	X			06/08/99		X								
	Walgreen Co	X			06/10/99	X									
	Walgreen Co	X			06/15/99	X									
	Walgreen Co	X			06/16/99		X								

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SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10/12/1999		X								
	Walgreen Co	X			06/23/99		X								
	Servicemaster Co	X			06/24/99	X									
	Walgreen Co	X			06/24/99		X								
	Servicemaster Co	X			06/25/99	X									
	Walgreen Co	X			06/25/99		X								
	Servicemaster Co	X			06/28/99	X									
	Clorox Co	X			06/29/99		X								
	Servicemaster Co	X			06/29/99	X									
	Clorox Co	X			06/30/99			X							
	Servicemaster Co	X			06/30/99	X									
	Wrigley (William) Jr. Co	X			06/30/99			X							
	Clorox Co	X			07/01/99			X							
	Wrigley (William) Jr. Co	X			07/01/99		X								
	Clorox Co	X			07/02/99			X							
	Wrigley (William) Jr. Co	X			07/02/99			X							
	Clorox Co	X			07/06/99		X								
	Wrigley (William) Jr. Co	X			07/06/99			X							
	Servicemaster Co	X			07/07/99		X								
	Wrigley (William) Jr. Co	X			07/07/99			X							

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SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXHCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Servicemaster Co	X			07/08/99		X								
	Wrigley (William) Jr. Co	X			07/08/99		X								
	Home Depot Inc	X			07/26/99				X						
	CVS Corp	X			08/27/99				X						
	Lilly Eli & Co	X			08/27/99				X						
	Northern Tr Corp	X			08/27/99				X						
	Gap Inc	X			09/03/99			X							
	Gap Inc	X			09/07/99			X							
	CVS Corp	X			09/10/99			X							
	Gap Inc	X			09/10/99			X							
	Home Depot Inc	X			09/10/99			X							
	Lilly Eli & Co	X			09/10/99		X								
	State Str Corp	X			09/10/99	X									
	Northern Tr Corp	X			09/10/99			X							
	Gap Inc	X			09/15/99		X								
	Gap Inc	X			09/16/99		X								
	CVS Corp	X			09/28/99			X							
	Gap Inc	X			09/28/99		X								
	Lilly Eli & Co	X			09/28/99			X							

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SCHEDULE IV -- TRANSACTIONS

NAME Norman Sisisky

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SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Intel Corp	X			09/29/99				X						
	Gap Inc	X			10/22/99		X								
	Dollar Gen Corp	X			11/15/99			X							
	Autozone Inc	X			11/16/99	X									
	Autozone Inc	X			11/18/99	X									
	Elan Corp PLC	X			04/29/99	X									
	LM Ericsson Tel Co	X			04/29/99	X									
	Alcoa Inc	X			04/29/99	X									
	America Online Inc	X			04/29/99	X									
	American Intl Group Inc	X			04/29/99	X									
	Amgen Inc	X			04/29/99	X									
	AT&T Corp	X			04/29/99	X									
	Bellsouth Corp	X			04/29/99	X									
	Bristol Myers Squibb Co	X			04/29/99	X									
	Cardinal Health Inc	X			04/29/99	X									
	Carnival Corp Class A	X			04/29/99	X									
	Cisco Sys Inc	X			04/29/99	X									
	Clorox Co	X			04/29/99	X									
	Computer Sciences Corp	X			04/29/99	X									

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SP	*Example.* Mega Corporation Common Stock	X			10/12/1999		X								
	Dell Computer	X			04/29/99	X									
	EMC Corp	X			04/29/99	X									
	Exxon Corp	X			04/29/99	X									
	General Electric Co	X			04/29/99	X									
	Home Depot Inc	X			04/29/99	X									
	Intel Corp	X			04/29/99	X									
	Intl Business Machines Corp	X			04/29/99		X								
	Lucent Technologies Inc	X			04/29/99	X									
	MCI Worldcom Inc	X			04/29/99	X									
	Medtronic Inc	X			04/29/99	X									
	Mellon Bank Corp	X			04/29/99	X									
	Merck & Co Inc	X			04/29/99	X									
	Microsoft Corp	X			04/29/99	X									
	Nike Inc Class B	X			04/29/99	X									
	Proctor & Gamble Co	X			04/29/99	X									
	Progressive Corp	X			04/29/99	X									
	Qwest Communications Intl Inc	X			04/29/99	X									
	Schering Plough Corp	X			04/29/99	X									
	Schlumberger Ltd	X			04/29/99	X									

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Solectron Corp	X			04/29/99	X									
	Staples Inc	X			04/29/99	X									
	Starbucks Corp	X			04/29/99	X									
	State Street Corp	X			04/29/99	X									
	Sun Microsystems Inc	X			04/29/99	X									
	Time Warner Inc	X			04/29/99	X									
	Wal Mart Stores Inc	X			04/29/99	X									
	Walt Disney Co	X			04/29/99	X									
	Yahoo Inc	X			04/29/99	X									
	Citigroup Inc	X			04/29/99	X									
	Nokia Corp ADR	X			04/29/99	X									
	Northern Small Cap Growth Fund	X			05/13/99	X									
	Northern Mid Cap Equity Fund	X			05/13/99	X									
	E I Du Pont De Nemours & Co	X			05/14/99	X									
	Elan Corp PLC	X			05/19/99	X									
	Nokia Corp ADR	X			05/19/99	X									
	Alcoa Inc	X			05/19/99	X									
	American Intl Group Inc	X			05/19/99	X									
	Amgen Inc	X			05/19/99	X									

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		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP,DC,JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	AT&T Corp	X			05/19/99	X									
	Bristol Myers Squibb Co	X			05/19/99	X									
	Cardinal Health Inc	X			05/19/99	X									
	Carnival Corp Class A	X			05/19/99	X									
	Citigroup Inc	X			05/19/99	X									
	Clorox Co	X			05/19/99	X									
	Computer Sciences Corp	X			05/19/99	X									
	Dell Computer	X			05/19/99	X									
	E I Du Pont De Nemours & Co	X			05/19/99	X									
	EMC Corp	X			05/19/99	X									
	Exxon Corp	X			05/19/99	X									
	Home Depot Inc	X			05/19/99	X									
	Intl Business Machines Corp	X			05/19/99	X									
	MCI Worldcom Inc	X			05/19/99	X									
	Medtronic Inc	X			05/19/99	X									
	Mellon Bank Corp	X			05/19/99	X									
	Merck & Co Inc	X			05/19/99	X									
	Proctor & Gamble Co	X			05/19/99	X									
	Progressive Corp	X			05/19/99	X									

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Qwest Communications Intl Inc	X			05/19/99	X									
	State Street Corp	X			05/19/99	X									
	Time Warner Inc	X			05/19/99	X									
	Yahoo Inc	X			05/19/99	X									
	Cisco Sys Inc	X			05/19/99	X									
	Intel Corp	X			05/19/99	X									
	Schering Plough Corp	X			05/19/99	X									
	America Online Inc	X			05/19/99	X									
	Bellsouth Corp	X			05/19/99	X									
	Microsoft Corp	X			05/19/99	X									
	Tyco Intl Ltd	X			05/19/99	X									
	General Electric Co	X			05/19/99	X									
	Lucent Technologies Inc	X			05/19/99	X									
	Nike Inc Class B	X			05/19/99	X									
	Schlumberger Ltd	X			05/19/99	X									
	Wal Mart Stores Inc	X			05/19/99	X									
	Solectron Corp	X			05/19/99	X									
	Sun Microsystems Inc	X			05/24/99	X									
	American Intl Group Inc	X			06/10/99	X									

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Bristol Myers Squibb Co	X			06/10/99	X									
	Carnival Corp Class A	X			06/10/99	X									
	Cisco Sys Inc	X			06/10/99	X									
	General Electric Co	X			06/10/99	X									
	MCI Worldcom Inc	X			06/10/99	X									
	Medtronic Inc	X			06/10/99	X									
	State Street Corp	X			06/10/99	X									
	Time Warner Inc	X			06/10/99	X									
	Black & Decker Corp	X			06/10/99	X									
	Clorox Co	X			06/10/99	X									
	Microsoft Corp	X			06/10/99	X									
	Amgen Inc	X			06/10/99	X									
	AT&T Corp	X			06/10/99	X									
	Intel Corp	X			06/10/99	X									
	Lucent Technologies Inc	X			06/10/99	X									
	Qwest Communications Intl Inc	X			06/10/99	X									
	Schlumbergar Ltd	X			06/10/99	X									
	Nokia Corp ADR	X			06/10/99	X									
	Alcoa Inc	X			06/10/99	X									

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	America Online Inc	X			06/10/99	X									
	Bellsouth Corp	X			06/10/99	X									
	Cardinal Health Inc	X			06/10/99	X									
	Computer Sciences Corp	X			06/10/99	X									
	E I Du Pont De Nemours & Co	X			06/10/99	X									
	Exxon Corp	X			06/10/99	X									
	Home Depot Inc	X			06/10/99	X									
	Nike Inc Class B	X			06/10/99	X									
	Proctor & Gamble Co	X			06/10/99	X									
	Progressive Corp	X			06/10/99	X									
	Schering Plough Corp	X			06/10/99	X									
	Solectron Corp	X			06/10/99	X									
	Intl Business Machines Corp	X			06/10/99	X									
	Yahoo Inc	X			06/10/99	X									
	Wal Mart Stores Inc	X			06/10/99	X									
	Merck & Co Inc	X			06/10/99	X									
	Tyco Intl Ltd	X			06/10/99	X									
	Sun Microsystems Inc	X			06/10/99	X									
	EMC Corp	X			06/10/99	X									

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Biogen Inc	X			06/15/99	X									
	Black & Decker Corp	X			06/15/99	X									
	Carnival Corp Class A	X			06/15/99	X									
	Citigroup Inc	X			06/15/99	X									
	Computer Sciences Corp	X			06/15/99	X									
	Exxon Corp	X			06/15/99	X									
	Medtronic Inc	X			06/15/99	X									
	Nike Inc Class B	X			06/15/99	X									
	Qwest Communications Intl Inc	X			06/15/99	X									
	Alcoa Inc	X			06/15/99	X									
	American Intl Group Inc	X			06/15/99	X									
	AT&T Corp	X			06/15/99	X									
	Bristol Myers Squibb Co	X			06/15/99	X									
	Cardinal Health Inc	X			06/15/99	X									
	Cisco Sys Inc	X			06/15/99	X									
	EMC Corp	X			06/15/99	X									
	General Electric Co	X			06/15/99	X									
	Home Depot Inc	X			06/15/99	X									
	Intel Corp	X			06/15/99	X									

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Intl Business Machines Corp	X			06/15/99	X									
	Lucent Technologies Inc	X			06/15/99	X									
	MCI Worldcom Inc	X			06/15/99	X									
	Merck & Co Inc	X			06/15/99	X									
	Microsoft Corp	X			06/15/99	X									
	Nokia Corp ADR	X			06/15/99	X									
	Proctor & Gamble Co	X			06/15/99	X									
	Progressive Corp	X			06/15/99	X									
	Schering Plough Corp	X			06/15/99	X									
	Schlumberger Ltd	X			06/15/99	X									
	Solectron Corp	X			06/15/99	X									
	State Street Corp	X			06/15/99	X									
	Sun Microsystems Inc	X			06/15/99	X									
	Time Warner Inc	X			06/15/99	X									
	Tyco Intl Ltd	X			06/15/99	X									
	America Online Inc	X			06/15/99	X									
	Wal Mart Stores Inc	X			06/15/99	X									
	E I Du Pont De Nemours & Co	X			06/15/99	X									
	Clorox Co	X			06/15/99	X									

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Nokia Corp ADR	X			06/16/99	X									
	Alcoa Inc	X			06/16/99	X									
	America Online Inc	X			06/16/99	X									
	American Intl Group Inc	X			06/16/99	X									
	Amgen Inc	X			06/16/99	X									
	AT&T Corp	X			06/16/99	X									
	Bellsouth Corp	X			06/16/99	X									
	Biogen Inc	X			06/16/99	X									
	Black & Decker Corp	X			06/16/99	X									
	Bristol Myers Squibb Co	X			06/16/99	X									
	Carnival Corp Class A	X			06/16/99	X									
	Cisco Sys Inc	X			06/16/99	X									
	Citigroup Inc	X			06/16/99	X									
	Clorox Co	X			06/16/99	X									
	Computer Sciences Corp	X			06/16/99	X									
	E I Du Pont De Nemours & Co	X			06/16/99	X									
	EMC Corp	X			06/16/99	X									
	Exxon Corp	X			06/16/99	X									
	General Electric Co	X			06/16/99	X									

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Home Depot Inc	X			06/16/99	X									
	Intel Corp	X			06/16/99	X									
	Lucent Technologies Inc	X			06/16/99	X									
	MCI Worldcom Inc	X			06/16/99	X									
	Merck & Co Inc	X			06/16/99	X									
	Microsoft Corp	X			06/16/99	X									
	Nike Inc Class B	X			06/16/99	X									
	Proctor & Gamble Co	X			06/16/99	X									
	Progressive Corp	X			06/16/99	X									
	Qwest Communications Intl Inc	X			06/16/99	X									
	Schering Plough Corp	X			06/16/99	X									
	Schlumberger Ltd	X			06/16/99	X									
	Solectron Corp	X			06/16/99	X									
	State Street Corp	X			06/16/99	X									
	Sun Microsystems Inc	X			06/16/99	X									
	Time Warner Inc	X			06/16/99	X									
	Tyco Intl Ltd	X			06/16/99	X									
	Wal Mart Stores Inc	X			06/16/99	X									
	Black & Decker Corp	X			07/12/99	X									

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Intel Corp	X			07/12/99	X									
	MCI Worldcom Inc	X			07/12/99	X									
	Tyco Intl Ltd	X			07/12/99	X									
	America Online Inc	X			07/23/99	X									
	American Intl Group Inc	X			07/23/99	X									
	Amgen Inc	X			07/23/99	X									
	AT&T Corp	X			07/23/99	X									
	Biogen Inc	X			07/23/99	X									
	Bristol Myers Squibb Co	X			07/23/99	X									
	Carnival Corp Class A	X			07/23/99	X									
	Dayton Hudson Corp	X			07/23/99	X									
	Dell Comptuer	X			07/23/99	X									
	Fiserv Inc	X			07/23/99	X									
	General Electric Co	X			07/23/99	X									
	Intel Corp	X			07/23/99	X									
	Lucent Technologies Inc	X			07/23/99	X									
	Medtronic Inc	X			07/23/99	X									
	Microsoft Corp	X			07/23/99	X									
	Proctor & Gamble Co	X			07/23/99	X									

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SCHEDULE IV -- TRANSACTIONS

NAME Norman Sisisky

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SP	*Example.* Mega Corporation Common Stock	X			10/12/1999		X								
	Solectron Corp	X			07/23/99	X									
	State Street Corp	X			07/23/99	X									
	Sun Microsystems Inc	X			07/23/99	X									
	Texas Instruments Inc	X			07/23/99	X									
	Time Warner Inc	X			07/23/99	X									
	Tyco Intl Ltd	X			07/23/99	X									
	Goldman Sachs Group Inc	X			07/23/99	X									
	Elan Corp PLC ADR	X			08/03/99	X									
	L M Ericsson ADR	X			08/03/99	X									
	Nokia Corp ADR	X			08/03/99	X									
	America Online Inc	X			08/03/99	X									
	Amgen Inc	X			08/03/99	X									
	AT&T Corp	X			08/03/99	X									
	Biogen Inc	X			08/03/99	X									
	Black & Decker Corp	X			08/03/99	X									
	Bristol Myers Squibb Co	X			08/03/99	X									
	Carnival Corp Class A	X			08/03/99	X									
	Citigroup Inc	X			08/03/99	X									
	Computer Sciences Corp	X			08/03/99	X									

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Daylon Hudson Corp	X			08/03/99	X									
	Dell Comptuer	X			08/03/99	X									
	Exxon Corp	X			08/03/99	X									
	Fiserv Inc	X			08/03/99	X									
	Goldman Sachs Group Inc	X			08/03/99	X									
	Home Depot Inc	X			08/03/99	X									
	Intel Corp	X			08/03/99	X									
	Intl Business Machines Corp	X			08/03/99	X									
	MCI Worldcom Inc	X			08/03/99	X									
	Medtronic Inc	X			08/03/99	X									
	Proctor & Gamble Co	X			08/03/99	X									
	Schlumberger Ltd	X			08/03/99	X									
	Staples Inc	X			08/03/99	X									
	Texas Instruments Inc	X			08/03/99	X									
	Time Warner Inc	X			08/03/99	X									
	Tyco Intl Ltd	X			08/03/99	X									
	Wal Mart Stores Inc	X			08/03/99	X									
	Solectron Corp	X			08/03/99	X									
	General Electric Co	X			08/03/99	X									

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Cisco Sys Inc	X			08/03/99	X									
	Lucent Technologies Inc	X			08/03/99	X									
	Merck & Co Inc	X			08/03/99	X									
	Microsoft Corp	X			08/03/99	X									
	Schering Plough Corp	X			08/03/99	X									
	Sun Microsystems Inc	X			08/03/99	X									
	JDS Uniphase Corp	X			08/16/99	X									
	Texaco Inc	X			08/16/99		X								
	Clear Channel Communications Inc	X			09/23/99	X									
	Northern Small Cap Growth Fund	X			10/04/99	X									
	Northern International Growth Equity Fund	X			10/07/99		X								
	Northern Technology Fund	X			10/07/99		X								
	Northern Technology Fund	X			11/08/99		X								
	Northern Mid Cap Equity Fund	X			11/08/99	X									
	Bristol Myers Squibb Co	X			11/10/99	X									
	Merck & Co Inc	X			11/10/99	X									
	SBC Communications Inc	X			11/10/99		X								
	Schering Plough Corp	X			11/10/99	X									

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Federal Farm Cr Bks Cons Systemwide Discount Note due 1/18/00	X			11/23/99				X						
	Nortel Networks	X			12/06/99	X									
	Northern Technology Fund	X			12/17/99	X									
	JDS Uniphase Corp	X			12/20/99	X									

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Arlington Cnty VA Bd 5% 06/01/2012-07		X		01/12/99				X						
	General Elec Co		X		04/01/99			X							
	United Dominion Rlty TR Inc		X		06/16/99				X						
	Wachovia Corp New		X		06/16/99			X							
	Prince William Cnty VA Bd 5.5% 07/01/2005		X		07/01/99			X							
	Virginia Beach VA 6.9% 10/01/2001-1999		X		10/01/99				X						
	Fairfax Cnty VA Impr Bd 5.6% 05/01/2003-1999		X		11/01/99		X								
	Linkon Corp		X		11/15/99		X								
	Walgreen Co		X		01/07/99					X					
	Walgreen Co		X		01/08/99				X						
	Walgreen Co		X		01/11/99				X						
	Walgreen Co		X		01/12/99			X							
	General Elec Co		X		01/25/99		X								
	State Str Corp		X		01/25/99		X								
	State Str Corp		X		01/26/99				X						
	Dell Computer Corp		X		01/26/99						X				
	Disney (Walt) Company Holding Company		X		02/02/99				X						
	Disney (Walt) Company Holding Company		X		02/03/99					X					
	Gillette Co		X		02/03/99		X								

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Mattel Inc		X		02/05/99			X							
	Dollar Gen Corp		X		02/08/99			X							
	Mattel Inc		X		02/08/99				X						
	Dollar Gen Corp		X		02/09/99		X								
	Mattel Inc		X		02/09/99			X							
	McDonalds Corp		X		03/11/99				X						
	McDonalds Corp		X		03/12/99			X							
	McDonalds Corp		X		03/15/99		X								
	Gillette Co		X		03/18/99				X						
	Merck & Co Inc		X		03/19/99			X							
	State Str Corp		X		03/19/99		X								
	General Elec Co		X		04/13/99				X						
	McDonalds Corp		X		04/13/99				X						
	McDonalds Corp		X		04/14/99			X							
	Johnson & Johnson		X		04/22/99				X						
	State Str Corp		X		04/22/99		X								
	State Str Corp		X		04/23/99		X								
	Stryker Corp		X		04/27/99			X							
	Dollar Gen Corp		X		04/29/99				X						

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Dollar Gen Corp		X		04/30/99			X							
	Automatic Data Processing Inc		X		05/10/99		X								
	Dollar Gen Corp		X		05/10/99		X								
	Automatic Data Processing Inc		X		05/11/99			X							
	Dollar Gen Corp		X		05/11/99	X									
	Automatic Data Processing Inc		X		05/12/99		X								
	Dollar Gen Corp		X		05/12/99	X									
	Dollar Gen Corp		X		05/13/99	X									
	General Elec Co		X		05/17/99			X							
	Stryker Corp		X		05/17/99		X								
	Sysco Corp		X		05/17/99	X									
	Stryker Corp		X		05/18/99	X									
	Stryker Corp		X		05/19/99	X									
	Proctor & Gamble Co		X		06/08/99				X						
	Proctor & Gamble Co		X		06/09/99			X							
	Hershey Foods Corp		X		06/18/99		X								
	Johnson & Johnson		X		06/21/99				X						
	Merck & Co Inc		X		06/21/99				X						
	Merck & Co Inc		X		06/22/99		X								

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Proctor & Gamble Co		X		06/22/99			X							
	Dollar Gen Corp		X		06/22/99		X								
	Dollar Gen Corp		X		06/23/99		X								
	Gillette Co		X		06/23/99				X						
	Gillette Co		X		06/23/99				X						
	Proctor & Gamble Co		X		06/23/99		X								
	Rentokil Initial PLC ADR		X		06/23/99		X								
	Dollar Gen Corp		X		06/24/99		X								
	Rentokil Initial PLC ADR		X		06/24/99		X								
	Dollar Gen Corp		X		06/25/99				X						
	Rentokil Initial PLC ADR		X		06/25/99		X								
	Dollar Gen Corp		X		06/28/99	X									
	Rentokil Initial PLC ADR		X		06/28/99	X									
	Marriott Intl Inc		X		06/29/99	X									
	Rentokil Initial PLC ADR		X		06/29/99	X									
	Dollar Gen Corp		X		06/30/99			X							
	Marriott Intl Inc		X		06/30/99		X								
	Rentokil Initial PLC ADR.		X		07/12/99		X								
	Rentokil Initial PLC ADR		X		07/13/99		X								

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Rentokil Initial PLC ADR		X		07/15/99	X									
	Rentokil Initial PLC ADR		X		07/19/99	X									
	Rentokil Initial PLC ADR		X		07/20/99	X									
	Rentokil Initial PLC ADR		X		07/21/99		X								
	Rentokil Initial PLC ADR		X		07/22/99	X									
	Albertsons Inc		X		07/26/99				X						
	Automatic Data Processing Inc		X		07/26/99				X						
	Clorox Co		X		07/26/99			X							
	General Elec Co		X		07/26/99			X							
	Gillette Co		X		07/26/99			X							
	Johnson & Johnson		X		07/26/99			X							
	Marriott Intl Inc		X		07/26/99		X								
	McDonalds Corp		X		07/26/99					X					
	Merck & Co Inc		X		07/26/99					X					
	Proctor & Gamble Co		X		07/26/99			X							
	State Str Corp		X		07/26/99			X							
	Servicemaster Co		X		07/26/99					X					
	Sysco Corp		X		07/26/99					X					
	Walgreen Co		X		07/26/99				X						

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Wrigley (William) Jr. Co		X		07/26/99			X							
	Rentokil Initial PLC ADR		X		07/26/99				X						
	Autozone Inc		X		07/26/99						X				
	Wrigley (William) Jr. Co		X		08/26/99				X						
	Clorox Co		X		08/27/99				X						
	Albertsons Inc		X		08/30/99				X						
	Albertsons Inc		X		09/29/99		X								
	Albertsons Inc		X		10/21/99				X						
	Cardinal Health Inc		X		07/14/99	X									
	Qwest Communications Intl Inc		X		07/29/99	X									
	Computer Sciences Corp		X		09/15/99		X								
	Northern Small Cap Fund		X		10/04/99	X									
	Tyco Intl Ltd		X		11/04/99		X								
	Bellsouth Corp		X		11/10/99	X									

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	AT&T Corp		X		04/15/1999	X									
	Autozone		X		03/09/1999		X								
	Benton Oil & Gas Co		X		04/15/1999		X								
	Berkshire Hathaway Inc Class A	X			01/14/1999			X							
	Berkshire Hathaway Inc Class A		X		09/22/1999			X							
	Chase Manhattan Corp		X		04/15/1999			X							
	Crestar Financial Corp - merged into Suntrust Banks Inc.			X	01/04/1999			X							
	Diamond Offshore Drilling Inc		X		04/15/1999		X								
	First Union Corp		X		04/15/1999			X							
	First Virginia Banks Inc.		X		04/15/1999		X								
	Lucent Technologies Inc		X		04/15/1999	X									
	Media General Inc Cl A		X		04/15/1999		X								
	Northern Trust Corp		X		04/15/1999		X								
	Parkervision Inc	X			09/22/1999			X							
	Parkervision Inc	X			10/15/1999			X							
	Suntrust Banks Inc		X		04/15/1999			X							
	Toys R Us Inc		X		04/15/1999		X								
	Transocean Offshore Inc		X		04/15/1999		X								
	UTS EFT REIT Portfilio Ser 97M Mthly Pmt		X		04/15/1999		X								
	Wachovia Corp		X		04/15/1999			X							
	Southwestern Bell Tel Co PFD 6.875%		X		04/15/1999		X								

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Tenn Valley Auth PFD 6.75% Ser D		X		04/15/1999		X								
	Federal ARIGIC Mtg Corp Medium Term Notes 5 926% 6/4/2008		X		04/12/1999			X							
	Upper Occoquan VA SWG Au Reg I Bd 5% 7/10/2005-06		X		04/12/1999		X								
	Federal Home Loan Mtg. Corp Debts 7.25% 11/1/2006-99		X		04/12/1999			X							
	MFS Money Market Fund exchanged for MFS New Discovery Fund - A			X	12/13/1999			X							
	Doughtie's Foods, Inc. merged into Sysco Corp			X	08/30/1999	X									

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SCHEDULE IV -- TRANSACTIONS

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SP,DC,JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC: (6)														
	Automatic Data Processing Inc	X			01/21/99	X									
	Automatic Data Processing Inc	X			01/27/99	X									
	Merck & Co Inc	X			01/28/99		X								
	Marriott Intl Inc Class A	X			02/02/99	X									
	Marriott Intl Inc Class A	X			02/03/99	X									
	Marriott Intl Inc Class A	X			02/04/99	X									
	Marriott Intl Inc Class A	X			02/05/99	X									
	Marriott Intl Inc Class A	X			02/08/99	X									
	Marriott Intl Inc Class A	X			02/09/99	X									
	Stryker Corp	X			02/09/99	X									
	Stryker Corp	X			02/10/99	X									
	Marriott Intl Inc Class A	X			02/11/99	X									
	Stryker Corp	X			02/11/99	X									
	Stryker Corp	X			02/12/99	X									
	Stryker Corp	X			02/16/99	X									
	Stryker Corp	X			02/17/99	X									
	Stryker Corp	X			02/18/99	X									
	Albertsons Inc.	X			02/24/99			X							
	Dollar Gen Corp	X			02/24/99		X								

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		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP,DC,JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	IMS Health Inc	X			02/24/99		X								
	Pfizer Inc	X			02/24/99		X								
	State Str Corp	X			02/24/99	X									
	Stryker Corp	X			02/24/99		X								
	Albertsons Inc.	X			02/25/99	X									
	IMS Health Inc	X			02/25/99		X								
	Stryker Corp	X			02/25/99	X									
	Northern Tr Corp	X			02/25/99		X								
	IMS Health Inc	X			02/26/99		X								
	Wrigley (William) Jr Co	X			03/01/99		X								
	Northern Tr Corp	X			03/09/99		X								
	Stryker Corp	X			03/11/99	X									
	Stryker Corp	X			03/12/99	X									
	Lilly Eli & Co	X			03/22/99			X							
	Home Depot Inc	X			06/16/99		X								
	Home Depot Inc	X			06/18/99		X								
	CVS Corp	X			07/13/99			X							
	Home Depot Inc	X			07/13/99		X								
	CVS Corp	X			08/27/99	X									

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SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	Lilly Eli & Co	X			08/27/99		X								
	Gap Inc	X			09/03/99	X									
	Gap Inc	X			09/07/99	X									
	CVS Corp	X			09/10/99		X								
	Gap Inc	X			09/10/99		X								
	Stryker Corp	X			09/10/99	X									
	Northern Tr Corp	X			09/10/99	X									
	Intel Corp	X			09/29/99		X								
	Gap Inc	X			10/22/99		X								
	Gap Inc	X			10/27/99	X									
	Stryker Corp	X			12/03/99	X									
	Walgreen Co		X		01/07/99		X								
	Walgreen Co		X		01/08/99	X									
	Walgreen Co		X		01/11/99	X									
	Walgreen Co		X		01/12/99	X									
	General Elec Co		X		01/25/99	X									
	State Str Corp		X		01/25/99	X									
	State Str Corp		X		01/26/99		X								
	Dell Computer Corp		X		01/26/99			X							

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SP	*Example.* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	Disney (Walt) Company		X		02/02/99		X								
	Disney (Walt) Company		X		02/03/99		X								
	Gillette Co		X		02/03/99	X									
	Mattel Inc		X		02/05/99		X								
	Dollar Gen Corp		X		02/08/99	X									
	Mattel Inc		X		02/08/99	X									
	Mattel Inc		X		02/08/99		X								
	Dollar Gen Corp		X		02/09/99	X									
	Mattel Inc		X		02/09/99		X								
	Autozone Inc		X		06/16/99		X								
	Lilly Eli & Co		X		06/18/99		X								
	Autozone Inc		X		07/13/99		X								
	Autozone Inc		X		07/13/99		X								
	IMS Health Inc		X		07/13/99			X							
	Wrigley (William) Jr Co		X		08/26/99		X								
	Albertsons Inc.		X		08/30/99		X								
	Merck & Co Inc		X		09/10/99			X							
	Gartner Grp Inc		X		09/13/99	X									
	McDonalds Corp		X		09/13/99		X								

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SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	Albertsons Inc.		X		09/29/99		X								
	Albertsons Inc.		X		10/21/99		X								
	IMS Health Inc		X		12/03/99		X								
	IMS Health Inc		X		12/06/99		X								
	IMS Health Inc		X		12/07/99	X									
	Gartner Gp Inc. - spinoff by IMS Health Inc			X	07/27/99	X									
	Circus Circus Enterprises Inc	X			01/05/99	X									
	Compu-Dawn Inc	X			01/14/99	X									
	First Union Corp	X			01/19/99		X								
	Washington Mutual Inc	X			01/19/99	X									
	Texaco Inc	X			01/20/99	X									
	Household Intl Inc	X			01/20/99	X									
	Prison Rlty TR Inc	X			01/22/99	X									
	Prison Rlty TR Inc	X			01/22/99	X									
	Reynolds Metals Co	X			01/27/99	X									
	AES Corp	X			02/02/99	X									
	Correctional Svcs Corp	X			02/09/99	X									
	Correctional Svcs Corp	X			02/10/99	X									
	Correctional Svcs Corp	X			02/23/99	X									

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	Correctional Svcs Corp	X			02/26/99	X									
	Reynolds Metals	X			03/02/99	X									
	Kellogg Co	X			03/03/99	X									
	USX Marathon Grp	X			03/03/99	X									
	BMC Software Inc	X			03/10/99	X									
	Anheuser Busch Cos Inc	X			03/10/99		X								
	S&K Famous Brands Inc	X			03/17/99	X									
	Stein Mart Inc	X			03/24/99	X									
	Computer Sciences Corp	X			03/24/99	X									
	Cornerstone Rlty Income Tr	X			03/30/99	X									
	Oracle Corp	X			04/12/99	X									
	Correctional Svcs Corp	X			04/19/99	X									
	Excite Inc	X			04/20/99	X									
	Realnetworks Inc	X			04/20/99	X									
	Abercrombie & Fitch Co	X			04/22/97	X									
	Correctional Svcs Corp	X			04/29/99	X									
	Correctional Svcs Corp	X			04/30/99	X									
	Applied Materials Inc	X			05/05/99	X									
	Superior Consultant Inc	X			05/06/99	X									

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	IXC Communications Inc	X			05/07/99	X									
	Clear Channel Communications Inc	X			05/13/99	X									
	IMS Health Inc	X			05/17/99	X									
	Prison Rlty Tr Inc	X			05/20/99	X									
	Realnetworks Inc	X			05/20/99	X									
	Realnetworks Inc	X			05/26/99	X									
	Koninklijke Ahold NV ADR	X			06/15/99	X									
	Cendant Corp	X			06/25/99	X									
	Correctional Svcs Corp	X			07/07/99	X									
	TCA Cable TV Inc	X			07/12/99	X									
	Compaq Computer Corp	X			07/13/99	X									
	Digital Island Inc	X			07/20/99	X									
	Gateway Inc	X			07/27/99	X									
	Qwest Communications Intl Inc	X			08/02/99	X									
	Digital Island Inc	X			08/04/99	X									
	Realnetworks Inc	X			08/10/99	X									
	Markel Corp	X			08/19/99	X									
	First Union Corp	X			09/14/99	X									
	Chase Manhattan Corp New	X			09/15/99	X									

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	CSX Corp	X			09/15/99	X									
	Knight/Trimark Grp Inc	X			09/15/99	X									
	J P Morgan & Co. Inc	X			09/15/99		X								
	Berkshire Hathaway Inc Class A	X			09/17/99		X								
	Immunex Corp	X			09/17/99	X									
	Symbol Technologies Inc	X			11/09/99	X									
	Pitney-Bowes Inc	X			11/10/99	X									
	Illinois Tool Works Inc	X			11/12/99	X									
	Symbol Technologies Inc	X			11/29/99	X									
	Compu-Dawn Inc		X		01/15/99	X									
	St. John Knits Inc		X		01/19/99	X									
	Polo Ralph Lauren Corp		X		01/19/99	X									
	Hewlett-Packard Co		X		01/19/99	X									
	Symbol Technologies Inc		X		01/19/99			X							
	AES Corp		X		02/11/99	X									
	Mattel Inc		X		02/12/99		X								
	Mirage Resorts Inc.		X		02/23/99	X									
	Ecolab Inc		X		02/23/99	X									
	Circus Circus Enterprises Inc		X		02/23/99	X									

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SP	*Example.* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	Staples Inc		X		03/01/99	X									
	Systems & Computer Tech Corp		X		03/09/99	X									
	One Valley Bancorp Inc.		X		03/09/99	X									
	United Healthcare Corp		X		03/09/99	X									
	Washington Mutual Inc.		X		03/09/99	X									
	Royal Dutch Pete Co		X		03/09/99	X									
	Mellon Bk Corp		X		03/09/99	X									
	Delphi Automotive Sys Corp		X		03/11/99	X									
	Humana Inc		X		04/13/99	X									
	Computer Sciences Corp		X		04/19/99	X									
	Excite Inc		X		04/21/99	X									
	Dollar Thrifty Automotive Grp Inc		X		04/23/99		X								
	Reynolds Metals Co		X		04/26/99	X									
	Abercrombie & Fitch Co Class A		X		04/26/99	X									
	Kellogg Co		X		04/26/99	X									
	Realnetworks Inc		X		04/29/99	X									
	BMC Software Inc		X		04/30/99	X									
	Texaco Inc		X		05/04/99	X									
	USX Marathon Grp		X		05/04/99	X									

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SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	Applied Materials Inc		X		05/17/99	X									
	Heilig-Meyers Co		X		05/18/99	X									
	Stein Mart Inc		X		05/18/99	X									
	Heilig-Meyers Co		X		05/18/99	X									
	Superior Consultant Inc		X		05/20/99	X									
	S&K Famous Brands		X		05/20/99	X									
	Realnetworks Inc		X		05/24/99	X									
	United States Treas. NTS 7.75% due 11/30/99		X		06/01/99		X								
	IMS Health Inc		X		06/10/99	X									
	IXC Communications Inc		X		06/17/99	X									
	Cornerstone Rlty Income TR Inc		X		07/06/99	X									
	Realnetworks Inc		X		07/08/99	X									
	Oracle Corp		X		07/14/99	X									
	TCA Cable TV Inc		X		07/15/99	X									
	Realnetworks Inc		X		08/10/99	X									
	Coca-Cola Co		X		08/19/99	X									
	Cendant Corp		X		08/19/99	X									
	Compaq Comuter Corp		X		08/19/99	X									
	Household Intl Inc		X		08/19/99	X									

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SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	Bank Amer Corp		X		08/19/99		X								
	Gateway Inc		X		08/19/99	X									
	Suntrust Bks Inc		X		08/19/99		X								
	Qwest Communications Intl Inc.		X		08/25/99	X									
	Clear Channel Communications Inc.		X		08/25/99		X								
	Digital Island Inc		X		09/10/99	X									
	Immunex Corp		X		11/10/99	X									
	Knight/Trimark Grp Inc		X		11/10/99	X									
	Tredegar Corporation		X		11/29/99	X									
	Koninklijke Ahold NV ADR		X		11/29/99	X									
	Berkshire Hathaway Inc Class A		X		12/13/99		X								
	Barrick Gold Company		X		03/04/99	X									
	Berkshire Hathaway Inc Class B	X			12/10/99	X									
	Centerpoint Properties	X			02/11/99		X								
	Cincinnati Financial Corp	X			02/08/99	X									
	Crown Central Pets Corp Cl B		X		03/04/99	X									
	Hillenbrand Industries Inc.	X			06/10/99	X									
	MGI Properties		X		03/23/99		X								

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SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	Plum Creek Timber Company LP converted into Plum Creek Timber Company Inc.			X	06/30/99	X									
	Richfood Holdings, Inc.		X		06/10/99	X									
	Servicemaster	X			10/06/99	X									
	St. Joe Corp		X		06/10/99	X									
	Tandy Corp	X			03/04/99	X									
	Washington Post Co	X			03/26/99	X									
	Elan Corp PLC ADR	X			04/29/99	X									
	Alcoa Inc	X			04/29/99	X									
	America Online Inc	X			04/29/99	X									
	American Intl Group Inc	X			04/29/99	X									
	Amgen Inc	X			04/29/99	X									
	AT&T Corp	X			04/29/99	X									
	Bellsouth Corp	X			04/29/99	X									
	Bristol Myers Squibb Co	X			04/29/99	X									
	Cardinal Health Inc	X			04/29/99	X									
	Carnival Corp Cl A	X			04/29/99	X									
	Cisco Sys Inc	X			04/29/99	X									
	Clorox Co	X			04/29/99	X									

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SCHEDULE IV -- TRANSACTIONS

NAME Norman Sisisky

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spoouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	Computer Sciences Corp	X			04/29/99	X									
	Dell Computer	X			04/29/99	X									
	EMC Corp	X			04/29/99	X									
	Exxon Corp	X			04/29/99	X									
	General Electric Co	X			04/29/99	X									
	Home Depot Inc	X			04/29/99	X									
	Intel Corp	X			04/29/99	X									
	Intl Business Machines Corp	X			04/29/99	X									
	Lucent Technologies Inc	X			04/29/99	X									
	MCI Worldcom Inc	X			04/29/99	X									
	Medtronic Inc	X			04/29/99	X									
	Mellon Bank Corp	X			04/29/99	X									
	Merck & Co Inc	X			04/29/99	X									
	Microsoft Corp	X			04/29/99	X									
	Nike Inc Class B	X			04/29/99	X									
	Proctor & Gamble Co	X			04/29/99	X									
	Progressive Corp	X			04/29/99	X									
	Qwest Communications Intl Inc	X			04/29/99	X									
	Schering Plough Corp	X			04/29/99	X									

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SCHEDULE IV -- TRANSACTIONS

NAME Norman Sisisky

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spoouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	Schlumberger Ltd	X			04/29/99	X									
	Solectron Corp	X			04/29/99	X									
	State Street Corp	X			04/29/99	X									
	Sun Microsystems Inc	X			04/29/99	X									
	Time Warner Inc	X			04/29/99	X									
	Wal Mart Stores Inc	X			04/29/99	X									
	Yahoo Inc	X			04/29/99	X									
	Citigroup Inc	X			04/29/99	X									
	Nokia Corp ADR	X			04/29/99	X									
	Northern Small Cap Growth Fund	X			05/13/99	X									
	Northern Mid Cap Equity Fund	X			05/13/99	X									
	E I Du Pont De Nemours & Co	X			05/14/99	X									
	Intl.Business Machines Corp	X			05/19/99	X									
	Tyco Intl Ltd	X			05/19/99	X									
	Black & Decker Corp	X			06/10/99	X									
	Biogen Inc	X			06/15/99	X									
	Black & Decker Corp	X			07/12/99	X									
	Intel Corp	X			07/12/99	X									
	MCI Worldcom Inc	X			07/12/99	X									

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SCHEDULE IV -- TRANSACTIONS

NAME Norman Sisisky

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spoouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	Carnival Corp Cl A	X			07/23/99	X									
	Dayton Hudson Corp	X			07/23/99	X									
	Fiserv Inc	X			07/23/99	X									
	Texas Instruments Inc	X			07/23/99	X									
	Goldman Sachs Group, Inc.	X			07/23/99	X									
	Nokia Corp ADR	X			08/03/99	X									
	American Intl Group Inc	X			08/03/99	X									
	Exxon Corp	X			08/03/99	X									
	MCI Worldcom Inc	X			08/03/99	X									
	Proctor & Gamble Co	X			08/03/99	X									
	JDS Uniphase Corp	X			08/16/99	X									
	Texaco Inc	X			08/16/99	X									
	Clear Channel Communications Inc	X			09/23/99	X									
	Northern Small Cap Growth Fund	X			10/01/99	X									
	Northern International Growth Equity Fund	X			10/07/99	X									
	Northern Technology Fund	X			10/07/99	X									
	Federal Farm Cr Bks Cons Systemwide Bds discount 01/18/2000	X			11/23/99		X								
	Nortel Networks Corp	X			12/06/99	X									

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SCHEDULE IV -- TRANSACTIONS

NAME Norman Sisisky

SP,DC,JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10/12/1999		X								
	Transactions of New Dominion LC, continued:														
	JDS Uniphase Corp	X			12/20/99	X									
	Qwest Communications Intl Inc		X		08/10/99	X									
	Computer Sciences Corp		X		09/15/99	X									
	Tyco Intl Ltd		X		11/01/99	X									
	Elan Corp PLC ADR		X		12/17/99	X									
	Sedco Forex Holdings Limited received as a spin off from Schlumberger Ltd merged into Sedco Forex Holdings Limited (nominal amount)			X	12/30/99	X									
	Transocean Sedco Forex, Inc (nominal amount)			X	12/31/99										
	Taylor Capital Management		X		01/12/99			X							
	Cardinal Health, Inc		X		07/14/99	X									

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spoouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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Norman Sisisky
Notes to Accompanying Schedules III and IV

(1) Collateralized by commercial real estate at 1990 East Whitehill Road, Prince George County, Virginia. Monthly payments of principal and interest were collected in 1999 with respect to such note.

(2) Valuation furnished by the issuer.

(3) Reported at assessed value.

(4) The Berkeley Venture, a joint venture organized in Virginia, invests in unimproved real estate and has its principal place of business in the City of Newport News, Virginia. The valuation is based on the Member's underlying book value except as to real estate which is based on its assessed value.

(5) Patterson Land Corporation, a Virginia corporation, has its principal office in Henrico County, Richmond, Virginia. Because its common stock is closely held, and in the absence of pertinent information, the value of the investment is based on the best available information.

(6) New Dominion LC is a Virginia limited liability company having its principal place of business at 1990 East Whitehill Road, Prince George, Virginia. The data set forth in Schedules III and IV reflect the Member's and his spouse's 1999 reportable interests.

(7) The category of value at December 31, 1999, is based on the latest available actuarial data with respect to the Member's spouse's interest in the Lee Distributing Company, Inc. Employees' Pension Plan (the "Plan"). Such interest in the Plan arose initially though the participant's employment prior to 1985.

(8) The Member, as a former member of the Virginia House of Delegates, receives a pension from the Virginia Retirement System. The category of value is estimated, based on the present value of expected future benefits.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Joint Venturer	The Berkeley Venture
Member	New Dominion LC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

NORMAN SISISKY
4TH DISTRICT, VIRGINIA

WASHINGTON OFFICE
2371 RAYBURN BUILDING
WASHINGTON, DC 20515-4604
(202) 225-6365

ARMED SERVICES COMMITTEE
RANKING MEMBER, MILITARY PROCUREMENT SUBCOMMITTEE
MILITARY READINESS SUBCOMMITTEE
MORALE, WELFARE AND RECREATION PANEL

PERMANENT SELECT COMMITTEE ON INTELLIGENCE
HUMAN INTELLIGENCE, ANALYSIS, AND COUNTERINTELLIGENCE
TECHNICAL AND TACTICAL INTELLIGENCE

Congress of the United States
House of Representatives
Washington, DC 20515–4604

CONSTITUENT SERVICE OFFICES
BRISTOL SQUARE I #204
309 COUNTY STREET
PORTSMOUTH, VA 23704
757-393-2068

43 RIVES ROAD
PETERSBURG, VA 23805
804-732-2544

EMPORIA EXECUTIVE CENTER
425H SOUTH MAIN STREET
EMPORIA, VA 23847
804-634-5575

E MAIL: http://www.house.gov/sisisky

June 14, 2000

HAND DELIVERED

2000 JUN 14 AM 11:11
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LEGISLATIVE RESOURCE CENTER

(2)
✓
MC

The Honorable Jeff Trandahl
The Clerk, U.S. House of Representatives
Legislative Resource Center
Room B 106, Cannon House Office Building
Washington, D.C. 20515

Dear Sir:

Please find the enclosed amendment to my Financial Disclosure Statement for Calendar Year 1999. The Amendment is regarding Page 1 only. As you can see on number IX, I mistakenly marked the yes box when it should have been marked *no*.

Please feel free to contact me should you have any further questions or concerns.

Sincerely,

NORMAN SISISKY
Member of Congress

Enclosure

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 JUN 14 AM 11:11

HAND DELIVERED
(Office Use Only)

Norman Sisisky
(Full Name)

Post Office Box 2900
(Mailing Address)

Daytime Telephone

Petersburg, Virginia 23804-2900 (202) 225-6365

Filer Status	[X] Member of the U.S. House of Representatives	State Virginia District 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Norman Sisisky	June 14, 2000

4521

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY 11 AM 9:57
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
MC HAND DELIVERED (7)
(Office Use Only)

JOSEPH R. SKEEN
(Full Name)

2302 RAYBURN HOB
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone (202)225-2365

Filer Status: [X] Member of the U.S. House of Representatives — State NM District 2nd; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joe Skeen	5-11-2000

4522

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOSEPH R. SKEEN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E S, P, E
SP, DC, JT	*Examples.* SP Mega Corp Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
JT	#7 DEBORAH DR.-ROS,NM (5%)					X									X										X							
	OIL & GAS WORKING INT.		X											OIL & GAS SALES								X										
	SAVINGS-WRIGHT PATMAN FED. CREDIT UNION			X										X									X									
JT	REAL ESTATE-RUIDOSO,NM 6-Mile Hill			X										Undeveloped Property (NOT INCOME PRODUCING)																		
JT	REAL ESTATE-Ros.,NM			X										Undeveloped Property (NOT INCOME PRODUCING)																		

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOSEPH R. SKEEN

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P. S. E
JT	Farm Credit Services Stock	X	X	X	
	COMMON STOCK-Wells Fargo		X	X	
S	Common Stock-Bristol Myers	X	X	X	
S	Common Stock-Sea Gull Energy	X X		X	
JT	Prod.Credit Assoc.-Stock	X	X	X	
JT	RANCH TO INCLUDE - 15000 acres,land,improvements & livestock(58% holding)Picacho,NM-Lincoln County	X	RANCH INCOME	X(Net Loss) X(Gross)	
	Hartford Variable Annunity(Paine-Webber Tax Deferred	X	No-Income Tax Deferred		
	Common Stock - Allied Capitol-Comm. Corp	X	X	X	
	Common Stock-Mutual Funds-Euro-Pacific Fund	X	X	XReinvested	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOSEPH R. SKEEN

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P. S. E
	Common Stock - Mutual Funds Fundamental Investors					X							X												X	Reinvested				
	Merrill-Lynch Ready Assets Trust			X									X									X									
	Paine-Webber Strategy Fund			X									X									X									P

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SCHEDULE IV — TRANSACTIONS

Name JOSEPH R. SKEEN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	Paine-Webber Strategy Fund	X			12-2-99	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	FARM CREDIT SERVICES-ROS.,NM	Mortgage on Ranch Picacho,NM-Lincoln,Cty					X					
JT	#7 Deborah Dr. - Ros.,NM Roswell Escrow Co. - Real Estate	Mortgage on Roswell Property		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
MEMBER ONLY						
Westinghouse Government & Enviromental Services Co. Participate in opening of Waste Isolation Pilot Project (WIPP)-1st Shipment	4/16-17	Wash.,DC-Carlsbad,NM-Wash., DC	Y	Y	N	N
International Arid Lands Consortium - Review of Inter.Arid Lands - progress of IALC collaborative work	1-11-18	Wash.,DC-Israel-Jordan Wash.,DC	Y	Y	N	N
SPOUSE ONLY						
Mary Skeen-New Mexico State University-Council Member Council for Agriculture Research Extension & Training (CARET)	7-9-16	Roswell,NM - Sun Valley, Idaho - Roswell,NM	Y	Y	N	N

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4529

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Ike Skelton
(Full Name)

2206 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-2876

Filer Status	[X] Member of the U.S. House of Representatives	State: MO District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ike Skelton

DATE (Month/Day/Year): 5-15-2000

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Missouri State Retirement System	State Senate - 6 years	6738 00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20		BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP — Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	Trust, Virginia B. Anding Estate, United Missouri Bank (UMB), Kansas City, MO. Assets: UMB Common Stock Fund, UMB Taxable Fixed Income Fund	$250,001 - $500,000	Dividends/Interest	$5,001 - $15,000	NA
	Trust, Carolyn B. Skelton Estate, Commerce Bank (CB), Kansas City, MO. Assets: CB Tax Free Bond Funds, CB Institutional Liquid Assets Tax Exempt	$100,001 - $250,000	Dividends/Interest	$5,001 - $15,000	NA
SP	McGowan Working Partners	None - $1,000	Rent	None - $200	NA
SP	Fractional Interest in Store Building, Delhi, LA	None - $1,000		None - $200	NA
JT	Note & Contract for sale to Lafayette Co. Bankshares Inc., Lafayette Co. Bank, Lexington, MO ($105,840.00 over 10 years)	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
JT	Lafayette Co. Bankshares** Interest+Principle	$1,001 - $15,000	Interest+Principle	None - $200	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Paid/Due 1) Bryce Quarter Horses **formerly included in Note & Contract Sale ** Indicated 6 3% Joint Ownership of total asset Susie Skelton 1 6% + Ike Skelton 4 7%				
JT	Congressional Federal Credit Union, Certificate of Deposit, Washington, DC	$1,001 - $15,000	Interest	$201 - $1,000	NA
JT	Lexington Building & Loan Assoc, Certificate of Deposit, Lexington, MO	None - $1,000	Interest	None - $200	S
JT	Lexington Building & Loan Assoc, Certificate of Deposit, Lexington, MO	$1,001 - $15,000	Interest	None - $200	NA
JT	Lexington Building & Loan Assoc, Certificate of Deposit, Lexington, MO	None - $1,000	Interest	None - $200	NA
JT	Bank Midwest, Certificate of Deposit, Lexington, MO	None - $1,000	Interest	None - $200	NA
JT	Bank of America (formerly Nation's Bank) Certificate of Deposit, Lexington, MO	$1,001 - $15,000	Interest	None - $200	NA
JT	Lafayette Co. Bank, Certificate of Deposit	None - $1,000	Interest	None - $200	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Lexington Building & Loan Assoc, Certificate of Deposit, Lexington, MO	Sold	8/2/99	$1,001 - $15,000
JT	Lafayette Co. Bank, Certificate of Deposit, Lexington, MO	Sold	8/10/99	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
JT	Lafayette Co. Bank, Lexington, MO	Open note	$15,001 - $50,000
JT	Congressional Federal Credit Union, Washington, DC	Personal Loan	$10,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D C	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Maritime Trades Department, AFLCIO	2/14/99-2/15/99	Wash DC - Miami FL - Wash DC	Y	Y	N	no

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Organization
Trustee	Ike Skelton Sr. Outstanding Junior Sigma Chi Award (Xi Xi Chapter, University of Missouri

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 JUN 14 PM 4:52

Louise McIntosh Slaughter
(Full Name)

2347 RHOB, Washington DC 20515 202225361 5
(Mailing Address) Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives — State: NY District: 26th	☐ Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Louise M. Slaughter	June 13, 2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of New York	Pension for State Assembly Service	7,373.16

For payments to charity in lieu of honoraria, use Schedule II.

Name Louise M. Slaughter | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples	SP	Mega Corp Stock					X							X																		P
DC			Simon & Schuster			Indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X										X						
	Proctor and Gamble Stock							X							X										X								
	Citex Stock				X										X								X										
JT	Oppenheimer Growth Fund					X									X			X							X								
JT	Fidelity Money Mkt Savings A					X									X										X								
JT	Citigroup Stock					X									X									X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Louise M. Slaughter

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Marine Midland Savings	X														X						X										
JT	Tiona Fed. Credit Union			X												X						X										
JT	ESD Savings + Loan			X												X						X										
	Retirement Accounts																															
	IRA-Fidelity Growth In			X																												
	IRA-Fidelity Print Growth				X																											
	IRA-Vanguard growth Income Fund					X																										
S	IRA Fidelity Big 100 + Income							X																								
S	IRA Fidelity Print Growth				X																											
S	IRA Mutual Qual. Fund							X																								
S	IRA Fidelity Magellan						X																									
S	IRA Fidelity Growth Cotrust						X																									
S	401K Eastman Kodak Savings Investment Plan							X																								

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4540

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Duke University Pre Med Society	Feb 8-9	Roch, NY -> RDU -> Wash, DC	Y	N	N	N
	Aspen Institute	Feb 12-15	Roch -> Tampa -> Roch	Y	Y	Y	N
	Women + Public Policy Program	Mar 8-9	Roch -> Boston -> Wash DC	Y	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY -2 AM 8:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL
MC
(Office Use Only)

Adam Smith
(Full Name)
116 Cannon House Office Building
Washington, DC 20515
(Mailing Address)
Daytime Telephone (202) 225-8901

Filer Status [X] Member of the U.S. House of Representatives — State Washington District 9th [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/1/00

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Name Adam Smith | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Law Office of William D. Hochberg, Edmonds, WA	Spouse salary	NA
Office of the Administrator for the Courts, Olympia, WA	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
Examples XYZ Magazine	Article	Aug. 13, 1999	$500
K-Mart Kid's Race Against Drugs	Contestant in race	Sept. 22, 1999	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction (P, S, E)
SP	Examples: SP Mega Corp. Stock					X								X									X									P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X																
JT	Washington Mutual - Checking			X												X																
JT	Washington Mutual - Money Market			X												X							X									
JT	Washington Mutual - CD	X														X						X										
S	Washington St. Retirement			X																												
SP	Washington St. Retirement		X																													
JT	MFS Total Return A, Mutual Fund	X												X			X					X										S

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Adam Smith

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	SEP-IRA (IBM stock)			X																	X											P
JT	Microsoft stock			X																	X											P
JT	Tera stock		X																		X											P
JT	E-Loan stock			X																	X											P

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SCHEDULE IV — TRANSACTIONS

Name Adam Smith

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	Microsoft Stock	X			5/17/99	X									
JT	E-Loan Stock	X			6/29/99	X									
JT	MFS Total Return A Mutual Fund		X		7/20/99	X									
Sp	SEP-IRA (IBM Stock)	X			7/25/99	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
Sp	Sallie Mae, Kansas City, MO	Law school student loan		X	(paid	off in	full on	7/27/99)				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Democratic Leadership Council	Apr. 30-May 3	Wash., DC - New Orleans - DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 5:01

CHRISTOPHER H. SMITH
(Full Name)

90 Wyndham Place, Robbinsville, NJ 08691
(Mailing Address)

Daytime Telephone 202-225-3765

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: New Jersey District: 4th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Christopher H. Smith	May 15, 2000

4550

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Examples: DC Simon & Schuster		Indefinite																	Royalties									X			
	Examples: JT 1st Bank of Paducah, KY accounts						X									X									X							
	Janus Mutual Funds PO Box 173375 Denver, CO 80217																															
JT	Janus Money Market					X								X										X								PSE
DC	Janus Money Market				X									X									X									PSE
DC	Janus Money Market				X									X									X									PSE
DC	Janus Money Market				X									X									X									PSE

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christopher H. Smith

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	Janus Money Market				X									X									X								P,S,E
JT	Janus Equity Income	X															X				X										P,S
DC	Janus Equity Income	X															X				X										P,S
DC	Janus Equity Income	X															X				X										P,S
DC	Janus Equity Income	X															X				X										P,S
DC	Janus Equity Income	X															X				X										P,S
JT	Janus Enterprise	X															X									X					P,S
DC	Janus Enterprise	X															X							X							P,S
DC	Janus Enterprise	X															X							X							P,S
DC	Janus Enterprise	X															X							X							P,S
DC	Janus Enterprise	X															X							X							P,S
	Scudder Funds Box 2291 Boston, MA 02107																														
JT	Scudder Money Market	X												X										X							P,S,E
DC	Scudder Money Market	X												X									X								P,S,E
DC	Scudder Money Market	X												X									X								P,S,E
DC	Scudder Money Market	X												X									X								P,S,E
DC	Scudder Money Market	X												X									X								P,S,E
JT	Scudder Greater Europe Growth	X															X								X						P,S
DC	Scudder Greater Europe Growth	X															X						X								P,S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christopher H. Smith

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	Scudder Greater Europe Growth	X															X						X								P,S
DC	Scudder Greater Europe Growth	X															X						X								P,S
DC	Scudder Greater Europe Growth	X															X						X								P,S
	Vanguard IRA																														
	PO Box 7800																														
	Philadelphia, PA 19101																														
	Vanguard Long Term Treasury	X												X							X										P,S
	Vanguard US Growth (IRA)	X															X				X										P,S
	Vanguard Gold (IRA)	X															X				X										P,S
	Vanguard Int. Value (IRA)	X															X							X							P,S
	Vanguard Money Market (IRA (as of 12/30/99)					X	($63,000)							X										X							P,S,E
DC	Certificate of Accrual Treasury Securities			X												X							X								
DC	Certificate of Accrual Treasury Securities			X												X							X								
DC	Certificate of Accrual Treasury Securities			X												X							X								
JT	Congressional Federal Credit Union			X												X						X									

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	Janus Money Market	X		X	Numerous transactions on various dates throughout the year		X								
JT	Janus Equity Income	X			2/3/99	X									
JT	"		X		2/9/99	X									
JT	Janus Enterprise Fund	X	X		Numerous transactions on various dates throughout the year		X								
DC	Janus Money Market (college fund)	X		X	Numerous transactions on various dates throughout the year	X									
DC	" "	X		X		X									
DC	" "	X		X		X									
DC	" "	X		X		X									
DC	Janus Equity Income (college fund)	X			2/3/99	X									
DC	" "	X			2/3/99	X									
DC	" "	X			2/3/99	X									
DC	" "	X			2/3/99	X									

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Name Christopher H. Smith

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
DC	Janus Equity Income Fund (college fund)		X		2-9-99	X									
DC	" "		X		2-9-99	X									
DC	" "		X		2-9-99	X									
DC	" "		X		2-9-99	X									
DC	Janus Enterprise (college fund)	X	X		Numerous transactions for each child's account on various dates throughout the year	X									
DC	" "	X	X			X									
DC	" "	X	X			X									
DC	" "	X	X			X									
JT	Scudder Money Market	X		X	Numerous transactions for each account on various dates throughout the year		X								
DC	Scudder Money Market (college fund)	X		X		X									
DC	" "	X		X		X									
DC	" "	X		X		X									
DC	" "	X		X		X									
JT	Scudder Greater Europe Growth	X	X		Numerous transactions for each account on various dates throughout the year		X								
DC	Scudder Greater Europe Growth (college fund)	X	X			X									
DC	" "	X	X			X									

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Name Christopher H. Smith | Page 7 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
DC	Scudder Greater Europe Growth (college fund)	X	X		Numerous transactions	X									
DC	" "	X	X		for each account on various dates	X									
					throughout the year										
JT	Scudder Money Market		X		11-9-99		X								
DC	Scudder Money Market (college fund)		X		11-9-99	X									
DC	Scudder Money Market (college fund)		X		11-9-99	X									
DC	" "		X		11-9-99	X									
DC	" "		X		11-9-99	X									
JT	Janus Money Market	X			11-16-99		X								
DC	Janus Money Market (college fund)	X			11-16-99	X									
DC	" "	X			11-16-99	X									
DC	" "	X			11-16-99	X									
DC	" "	X			11-16-99	X									
	Vanguard Prime Money Market (IRA)	X		X	Numerous transactions on various dates			X							
					throughout the year										

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Vanguard Long Term Treasury (IRA)	X			1-21-99			X							
	"		X		1-26-99			X							
	Vanguard U.S. Growth (IRA)	X			3-15-99			X							
	"		X		3-23-99			X							
	"		X		4-13-99	X									
	Vanguard Gold and Precious Metals (IRA)	X			9-22-99		X								
	"		X		10-26-99	X									
	"		X		11-1-99	X									
	Vanguard Int. Value (IRA)	X	X		Numerous transactions on various dates throughout the year		X								
	Vanguard Money Market Rollover to Janus Money Market		X		12-30-99			X ($63,000)							
		X			1-5-2000			X ($63,000)							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Directors	American United for Life Legal Defense Fund
Member, Advisory Board	The Susan Breast Cancer Fund

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 19 AM 10:02

Lamar Seeligson Smith
(Full Name)

2231 Rayburn House Office Building
(Mailing Address)

202 225-4236
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: TX District: 21	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lamar Smith	5-17-00

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Christian Science Practitioner	Earnings	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP	Mega Corp. Stock					X								X										X									P
DC	Simon & Schuster		Indefinite													X				Royalties										X			S
JT	1st Bank of Paducah, KY accounts						X																			X							E
	Life Tenant, undivided (25%) surface and mineral interest of Lamar Seeligson Ranch, Premont, Texas.								X											royalties								X					P
															X												X						

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lamar Smith

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Wright Patman Federal Credit Union			X												X								X							
	19 Warren Street, Barnstable County, MA						X								X											X					
	Frost National Bank		X														X					X									
	First Union National			X												X								X							
	Deere and Company	X												X								X									
	Trust: stocks owned by Dependent Children; respondent is a life tenant and has an interest in dividends only.	NA												X										X							

This page may be copied if more space is required.

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Name Lamar Smith | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–99		X								
	NONE														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	NA											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash , D C —Chicago—Wash , D.C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	NA						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

LAMAR SMITH
21ST DISTRICT, TEXAS

JOHN W. LAMPMANN
CHIEF OF STAFF

2231 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4321
(202) 225-4236

www.house.gov/lamarsmith

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COMMITTEE ON STANDARDS OF
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SUBCOMMITTEE ON IMMIGRATION AND CLAIMS
SUBCOMMITTEE ON CRIME

COMMITTEE ON SCIENCE
SUBCOMMITTEE ON SPACE AND AERONAUTICS
SUBCOMMITTEE ON BASIC RESEARCH

Congress of the United States

House of Representatives

June 12, 2000

3

✓ MC

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00 JUN 14 PM 1:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Joel Hefley
2230 Rayburn HOB
Washington, DC 20515-0605

Dear Joel,

The attached two pages are to supplement my financial disclosure that I submitted on May 17, 2000.

Your interest in this matter is appreciated.

Sincerely,

Lamar Smith

Lamar Smith
Member of Congress

LS/jyb

PLEASE REPLY TO:

☐ 1100 N.E. LOOP 410
SUITE 640
SAN ANTONIO, TX 78209
(210) 821-5024

☐ 904 S. MAIN STREET
GEORGETOWN, TX 78626
(512) 931-3500

☐ 1006 JUNCTION HIGHWAY
KERRVILLE, TX 78028
(830) 895-1414

☐ 33 EAST TWOHIG STREET
SUITE 302
SAN ANGELO, TX 76903
(915) 653-3971

☐ 4305 NORTH GARFIELD
SUITE 2288
MIDLAND, TX 79705
(915) 687-5232

PRINTED ON RECYCLED PAPER

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lamar Smith

Page 5A of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	contd.																															
	Trust: Stocks owned by dependent children; respondent is a life tenant and has ~~an interest in dividends~~ only.*	NA												X										X								
DC	Daily U.S. Treasury Money Fund*			X										NA							NONE											
DC	Abbott Laboratories *			X										NA							NONE											
DC	Allied Signal *			X										NA							NONE											
DC	British Pete *			X										NA							NONE											
DC	General Electric Co. *			X										NA							NONE											
DC	Noble Affiliates *			X										NA							NONE											
DC	Pepsico Inc. *				X									NA							NONE											
DC	Sysco Corp *			X										NA							NONE											
DC	Walmart *			X										NA							NONE											
DC	Security Capital Pacific Trusts *			X										NA							NONE											
DC	United Dominion Rlty, Tr. *			X										NA							NONE											
DC	Weingarten Rlty *			X										NA							NONE											
DC	Oak Forest *				X									NA							NONE											
DC	USTA-Joint Venture *				X									NA							NONE											
DC	Cullen Frost *				X									NA							NONE											

This page may be copied if more space is required.

Name Lamar Smith

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
DC	Cullen Frost		X		1/13/1999	X									
DC	Cullen Frost		X		4/20/1999	X									
DC	Walmart		X		4/20/1999	X									
DC	Pepsico		X		4/20/1999	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

RECEIVED
00 MAY 15 PM 6:08
HAND DELIVERED

Nick Smith
(Full Name)

12780 Addison Road
(Mailing Address)

Daytime Telephone 202.225.6276

Addison MI 49220

Office Use Only

Filer Status	[X] Member of the U.S House of Representatives	State MI District 07	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Nick Smith	May 15, 00

4571

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Michigan	Pension	$38,611.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of Income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
		A None; B $1,001 – $15,000; C $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock		X		P
DC	Simon & Schuster	Indefinite		X	
JT	1st Bank of Paducah, KY accounts	X			
	American Intl Group	X	X	X	
	Apasco	X	X	X	
	Bank One Corp	X	X	X	
	Bristol-Myers Squibb	X	X	X	
	CMS Energy	X	X	X	
	Cisco Systems	X	X	X	P

For additional assets and unearned income, use next page.

4573

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nick Smith

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $2,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other: Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	ConAgra Inc	C	DIVIDENDS	III	
	Corning Inc	D	DIVIDENDS	II	P
	Emerson Electric	C	DIVIDENDS	III	
	General Electric	D	DIVIDENDS	II	
	HJ Heinz	C	DIVIDENDS	III	
	IBM	D	DIVIDENDS	II	
	Kellogg Company	C	DIVIDENDS	II	
	Microsoft Corp	C	DIVIDENDS	II	P
	Motorola	C	DIVIDENDS	II	
	Netegrity, Inc	C	DIVIDENDS	I	P
	Old Kent Financial	E	DIVIDENDS	IV	
	Citizen Banking cf	C	INTEREST	III	
	AG Edwards Cash Mgt	F	DIVIDENDS; INTEREST; CAPITAL GAINS	IV	
	Byron School Bond	D	INTEREST	IV	
	Calif property (vac. lot)			I	
	Farm - Addison MI	I	Farming		
	" " "				
	Cendant Corp	C	DIVIDENDS	III	S
	Society Bank - Addison	C	INTEREST	III	
	Society Bank - Farm	E	INTEREST	IV	
	Capra Mutual Fund	F	DIVIDENDS; INTEREST; CAPITAL GAINS	III	
	Janus Mutual Fund	E	DIVIDENDS; INTEREST; CAPITAL GAINS	V	

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4574

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Nick Smith

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Merrill Lynch - IRA			X										X		X	X					X										
	Merrill Lynch - IRA			X										X		X	X					X										
	Eaton Vance Trust			X										X		X	X						X									
	Cong Fed'l Credit Un				X											X							X									
	Consumers Energy				X											X	X								X							
	MI Senate Thrift Sav					X											X							X								

This page may be copied if more space is required.

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Cendant Corp	Sold	12/10/99	$1,001 - $15,000
	Corning Inc	Purchase	12/10/99	$15,001 - $50,000
	CISCO Systems	Purchase	12/10/99	$15,001 - $50,000
	Netegrity, Inc	Purchase	~~12/10/99~~ 10/4/99	$1,001 - $15,000
	Microsoft Corp	Purchase	12/10/99	$1,001 - $15,000

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	State of Michigan	continuation of health care coverage.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 5:21

(9)

HAND DELIVERED
(Office Use Only)

(Full Name)	(Mailing Address)	Daytime Telephone
Victor Frederick SNYDER	Longworth HOB 1319 Washington D.C.	501-324-5941

Filer Status	[X] Member of the U S House of Representatives — State / District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Vic Snyder	5/11/00

4578

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None totalling $200 or more		

For payments to charity in lieu of honoraria, use Schedule II.

Name	Snyder, Vic	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1999	$2,000
	XYZ Magazine	Article	Aug 13, 1999	$500
	None			

This page may be copied if more space is required.

4580

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X																		P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X																
	American Century Vista	X															X							X								S
	Amer. Cent./Benham Prime Money Mkt				X	(#19,024)								X									X									
	Amer. Century Heritage	X															X								X							S
	Vanguard Treasury			X	(#10,604)									X									X									
	Vanguard Total Stock					X	($94,420)							X			X							X								P
	Founders Frontier (IRA)				X	(#23,210)																	N/A [IRA]									

For additional assets and unearned income, use next page.

4581

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name SNYDER VLL

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Invesco - Europe (IRA)	D X ($ 20,323)		N/A [IRA]	P
	Vanguard Total Stock (SEP IRA)	D X ($ 35,762)		N/A [IRA]	
	Montgomery Growth	D X ($ 16,095)	DIVIDENDS X; CAPITAL GAINS X	IV X	P
	Montgomery Emerging Mkts (IRA)	C X ($ 8,755)		N/A [IRA]	
	Janus Venture	E X ($ 60,132)	DIVIDENDS X; CAPITAL GAINS X	VI X	P
	T. Rowe Price New Asia	D X ($ 20,939)	DIVIDENDS X	II X	P
	T. Rowe Price Europe	C X ($ 14,413)	DIVIDENDS X; CAPITAL GAINS X	IV X	P
	Scudder Latin America	C X ($ 4,491)	DIVIDENDS X	II X	
	US Treasury Notes	D X ($ 24,000)	INTEREST X	IV X	P
	Bank of America Checking	C X	INTEREST X	II X	
	VALIC Stock Index Annuity	D X ($ 31,365)		N/A - Retirement Annuity	

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SCHEDULE IV — TRANSACTIONS

Name SMK PER, VLC

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Amer. Century VISTA		X		1/11/99	X									
	~~[illegible]~~	~~X~~			~~[illegible]~~	~~X~~									
	Janus Venture	X			monthly	X	($100/mo automatic investment)								
	Invesco Europe - IRA	X			4/14/99	X									
	Montgomery Growth	X			monthly	X	($200/mo automatic investment)								
	Vanguard Treasury Money Mkt	X			monthly	X	($1000/mo automatic investment)								
	US Treasury Notes				11/30/99 12/31/99	X									
	American Century - Heritage		X		5/28/99		X								
	Vanguard Total Stock Fund	X			monthly	X	($1000/mo auto investment)								
	T. Rowe Price New Asia	X			auto invest - monthly	X	($100/mo auto invest)								
	Vanguard Total Stock	X			Reinvestment	X	automatically of Dividends/Capital Gains								
	Janus Venture	X			Reinvestment	X	automatically of Dividends/Capital Gains								
	T. Rowe Price - Europe	X			Reinvestment	X	automatically of Dividends/Capital Gains								
	Montgomery Growth	X			Reinvestment	X	automatically of Dividends/Capital Gains								

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Name SNYDERMAN | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Snyder, Vic | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Israel Education Foundation	Aug 25-Sep 2	Little Rock - Israel - Little Rock	Y	Y	N	N
Aspen Institute	Mar 19-21	Wash DC - Hershey, PA - Wash DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
	None	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 19 PM 3:59
CLERK
HOUSE OF REPRESENTATIVES
MC MAY 15 2000
(Office Use Only)

Mark E. Souder
(Full Name)

2427 Windsong Court
(Mailing Address)

Fort Wayne, IN 46804

Daytime Telephone
202-225-4436 DC office

Filer Status	[X] Member of the U S House of Representatives	State IN District 4TH	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, § 104 and 18 U S C §1001)

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Mark E Souder	May 15, 2000

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Historic Souder's of Grabill	Guaranteed payment to partner	$550
	Diane K. Souder - Consultant of Discovery Toys	Spouse proprietorship	N/A
	James A. Long II OD, Inc.	Spouse wage	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples	SP	Mega Corp Stock					X							X										X								P
DC			Simon & Schuster			Indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X										X						
	1. Souder's General Store Partnership Interest						X								Partnership Income								X										
	Activity - General Store Retail Sales																																
	Assets - Building, Inventory, Equipment & Fixtures																																
	Percentage ownership - 50.5%																																

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark E. Souder

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	2. Historic Souder's of Grabill Partnership Interest	D: X	Partnership income	VI: X	
	Activity - Real estate rental				
	Assets - Buildings, Furnishings & Equipment				
	Percentage ownership - 25%				
SP	3. Certificate of Deposit Grabill Bank	D: X	INTEREST: X	IV: X	
	4. Certificate of Deposit Grabill Bank	D: X	INTEREST: X	IV: X	
	5. Guarantee Life Companies Inc.	B: X	DIVIDENDS: X	II: X	
JT	6. Raymond James Investment Account	C: X	DIVIDENDS: X	II: X	

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SCHEDULE IV — TRANSACTIONS

Name Mark E. Souder

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Jefferson - Pilot Corporation stock		X		12-31-99	X									

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Name Mark E. Souder

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Grabill Bank, Grabill, Indiana	Mortage - HIstoric Souder's of Grabill - Real Estate	X									
		Location - Grabill, IN Ownership % - 25%										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Associated General Contractors(AGC)	5/14-5/15	Wash DC - St. Louis, MO - Wash DC	N	Y	N	N
	Purpose: speaking engagement for AGC conference						
	Prison Fellowship Ministries	10/15-10/17	Wash DC- Colorado Springs, CO-Wash DC	Y	Y	N	N
	Purpose: speaking engagement as part of panel discussion at Wilburforce conference						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Director	Our Country Home, Inc.
Managing Partner	Historic Souder's of Grabill
Managing Partner	Souder's General Store
Director	National Lighthouse Center and Museum
Director	Russian - American Christian University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 JUN 12 PM 4:09

Mark E. Souder
(Full Name)

2427 Windsong Court
(Mailing Address)

Fort Wayne, IN 46804

Daytime Telephone
202-225-4436 DC office

MAIL - 3 2000
(Office Use Only)

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Filer Status	[X] Member of the U.S. House of Representatives	State IN District 4th	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mark E. Souder	

4595

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Historic Souder's of Grabill	Guaranteed payment to partner	$550
	Diane K. Souder - Consultant of Discovery Toys	Spouse proprietorship	N/A
	James A. Long II OD, Inc.	Spouse wage	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Mark E. Souder

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP		SP	Mega Corp. Stock					X							X										X								P
DC	*Examples:*		Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X										X						
	1. Souder's General Store		Partnership Interest			X									Partnership income							X											
	Activity - General Store Retail Sales																																
	Assets - Building, Inventory, Equipment & Fixtures																																
	Percentage ownership - 50.5%																																

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark E. Souder

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
	2. Historic Souder's of Grabill					X									Partnership					income					X							
	Partnership Interest																															
	Activity - Real estate rental																															
	Assets - Buildings, Furnishings & Equipment																															
	Percentage ownership - 25%																															
SP	3. Certificate of Deposit				X											X								X								
	Grabill Bank																															
	4. Certificate of Deposit				X											X								X								
	Grabill Bank																															
	5. Guarantee Life Companies		X											X								X										
	Inc.																															
JT	6. Raymond James Investment			X										X								X										P
	Account																															
	7. Jefferson Pilot Stock			X										X							X											S

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Name Mark E. Souder

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Jefferson - Pilot Corporation stock		X		12-31-99	X									
JT	Raymond James Account - various securities	X			8-3-99	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Grabill Bank, Grabill, Indiana	Mortgage - Historic Souder's of Grabill - Real Estate	X									
		Location - Grabill, IN Ownership % - 25%										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Associated General Contractors(AGC)		5/14-5/15	Wash DC - St. Louis, MO - Wash DC	N	Y	N	N
Purpose: speaking engagement for AGC conference							
Prison Fellowship Ministries		10/15-10/17	Wash DC - Colorado Springs, CO-Wash DC	Y	Y	N	N
Purpose: speaking engagement as part of panel discussion at Wilburforce conference							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Our Country Home, Inc.
Managing Partner	Historic Souder's of Grabill
Managing Partner	Souder's General Store
Director	National Lighthouse Center and Museum
Director	Russian- American Christian University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 2000 82-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK'S OFFICE CENTER
00 MAY 15 PM 6:30

FLOYD DAVIDSON SPENCE
(Full Name)

2405 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, DC 20515

(202) 225-2452
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State S.C. District 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Floyd D. Spence	5/15/00

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
STATE OF SOUTH CAROLINA	LEGISLATIVE PENSION	10,796
DEPARTMENT OF DEFENSE	US NAVY RETIREMENT	11,887

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
N/A	N/A	N/A	N/A

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Mega Corp Stock					X								X										X								P
DC, *Examples*	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
SP	1.28 ACRES/HOUSE LEXINGTON, S.C.	X														N/A								N/A								CHARITY CONTRIB.
	WRIGHT PATMAN FED. CREDIT UNION			X												X						X										
JT	BRANCH BANK AND TRUST (SAVINGS)				X											X						X										
	NATIONAL FINANCIAL CENTER, THRIFT SVGS.				X											X									X							
SP	BRANCH BANKING AND TRUST (checking)		X													X						X										
SP	BRANCH BANKING & TRUST (Checking)		X													X						X										

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name FLOYD DAVIDSON SPENCE

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	BB & T (Checking)	X																			X										Account Closed
JT	Carolina First (ck)				X											X						X									
JT	Carolian First (ck)		X													X						X									
SP	Edward Jones Brokerage		X											X			X						X								
	Carolina First Bldg Lexington, S.C.								X						X													X			
	Carolina First Bldg Georgetown, S.C.							X							X												X				
	Advanced Auto Bldg. Beaufort, S.C.							X							X												X				
	Advanced Auto Bldg. Irmo, S.C.							X							X												X				
	Monroe Muffler Bldg. Orangeburg, S.C.							X							X												X				
	Goodyear Tire Bldg. Lexington, S.C.								X						X										X						E
	Goodyear Tire Bldg. Augusta, GA								X						X												X				E
	Real Estate 39.4 Acres Lexington, S.C.									X							N/A								N/A						
	Note due from Spence Plantation Phase V,LP	X														X					X										
	Carolina First																														
SP	Checking Music			X												X						X									

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Exchange a portion of Lake Murray property for Goodyear Tire Bldg.			X	10/22/98							X			
	(Lake Murray property is part of 39.4 acres) (Exchange began in 1998 not complete until 1999)														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bank of America, Lexington, S.C.	Mortgage - Lake Murray Lexington, S.C.				X						
	Carolina First, Lexington,S.C.	1 Acre - Lake Murray Lexington, S.C.				X						
	Carolina First, Lexington, S.C.	Unsecured				X						
	BB & T, Lexington, S.C.	100 Drake Trace Lexington, S.C.			X							
	BB & T, Lexington, S.C.	Unsecure Note			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A	N/A	N/A

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Wachovia, Lexington, S.C.	Mortgage on Advanced Auto Bldgs. Irmo & Beaufort						X				
	Wachovia, Lexington, S.C.	Mortgage on Carolina First Lexington Bldg						X				
	Wachovia, Lexington, S.C.	Mortgage on Monroe Muffler Bldg. Orangeburg, S.C.				X						
	Regions Bank, Lexington, S.C.	Unsecured			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
n/a	N/A	N/A

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A	N/A	N/A	N/A	N/A	N/A	N/A

This page may be copied if more space is required.

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1970	State of SC Retirement System	Pension

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

A PRIVA INFORMATION CENTER
00 MAY 11 AM 11:56
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

DEBORAH ANN STABENOW
(Full Name)

2709 S. DEERFIELD
LANSING, MICHIGAN 48911
(Mailing Address)

(202) 225-4872
Daytime Telephone

HAND DELIVERED
MC
(Office Use Only)

3

Filer Status	☒ Member of the U.S. House of Representatives	State District MICHIGAN 8	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Deborah Ann Stabenow	5-7-00

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Name DEBORAH A. STABENOW | Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset	Block C: Type of Income						Block D: Amount of Income											Block E: Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples	SP	Mega Corp. Stock				X								X										X								P
DC			Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X									X							
	STATE OF MICHIGAN 401K (FIDELITY INVESTMENTS)																																
	50% EQUITY INCOME FUND					X									X											X							
	50% MEGELLAN FUND					X									X											X							
	STATE OF MICHIGAN DEFERRED COMP. 457				X												X					N.A.											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DEBORAH A. STABENOW

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	ZURICH MONEY MARKET FUND (FORMERLY KEMPER)			X												X							X								
	THRIFT SAVINGS PLAN (U.S. HOUSE OF REPS.)			X												X					N.A.										

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	CHICAGO BOARD OF TRADE	MAR 19-21	WASH., DC - BOCA RATON, FL - WASH, D C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD PRESIDENT	MAGIC RIDE, INC. (FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1/1/95	MICHIGAN LEGISLATIVE RETIREMENT SYSTEM	PARTICIPATION IN THE MICHIGAN LEGISLATIVE RETIREMENT HEALTH PROGRAM.

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

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OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(9)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Fortney Pete Stark
(Full Name)

239 Cannon House Office Building
(Mailing Address)

Washington DC 20515
Daytime Telephone 202-225-5065

Filer Status: [X] Member of the U S House of Representatives — State: CA District: 13 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Pete Stark

DATE (Month/Day/Year): 5/15/2000

Name Fortney Pete Stark	Page 1 of 1

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Deborah R. Stark, Consulting fees	Spouse Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Fortney Pete Stark | Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$ 500
American Podiatric Medical Association, Bethesda, MD	Speech	3/18/99	$2,000.00
American Association for Marriage & Family Therapy, Washington, DC	Speech	4/15/99	$500.00
American Society of Anesthesiologists, Inc., Park Ridge, Il	Speech	4/27/99	$1,500.00
American Society of Pediatric Nephrology, Cleveland, OH	Speech	4/30/99	$1,000.00
Domenic R. Ruscio (American Society of Pediatric Nephrology), College Park, MD	Speech	4/30/99	$1,000.00
National Realty Committee, Inc., Washington, DC	Speech	6/16/99	$1,500.00
Institute of Management & Administration, Inc. New York, NY	Speech	10/7/99	$2,000.00
Charles Schwab, San Francisco, CA	Speech	11/4/99	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year **Exclude:** Your personal residence(s) (unless there rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used if an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT Rental House 2nd St, SE, Washington, DC	$250,001 - $500,000	Rent	$15,001 - $50,000	NA
Aardolie Oil Partnership, Texas	$1 - $1,000	Royalty	$1 - $200	NA
SP Charles Schwab, CMA	$50,001 - $100,000	Interest	$1,001 - $2,500	NA
JT Note From Stark Invesment Co, LP	$50,001 - $100,000	Interest	$15,001 - $50,000	NA
SP Chateau Properties	$1,001 - $15,000	Dividends	$201 - $1,000	NA
SP Felcor Ste Hotel	$1,001 - $15,000	Dividends	$201 - $1,000	S

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	LTC Properties	None	Dividends	$201 - $1,000	S
SP	Pacific Gulf Properties	$1,001 - $15,000	Dividends	$201 - $1,000	NA
SP	Starbucks	$1,001 - $15,000	Dividends	None	NA
SP	Vanguard Growth Index Fund	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
DC	Dodge & Cox Stock Fund	$1,001 - $15,000	Dividends	$1,001 - $2,500	P
DC	20th Century Gift Trust Fund	$1,001 - $15,000	Dividends	$201 - $1,000	NA
DC	Federal Realty Trust	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	(** Asset of Stark Investment Co , LP (44%))	None	Partnership	None	NA
	** Multi-Tennant Warehouse, Littlefield Dr., South San Francisco, CA	$5,000,001 - $25,000,000	Rent	$100,001 - $1,000,000	NA
	** Richey Oil Co., Texas	$15,001 - $50,000	Royalty	$5,001 - $15,000	NA
	** ElDorado Indus Park (land) Stockton, CA	None	Vacant	None	NA
	**Whitney Development Co, Lafayette, CA	None	Misc	None	NA
	**Damson Oil Co., Texas	None	Royalty	None	NA
	**Note from J P. Stark	$15,001 - $50,000	Interest	None	NA
SP	Dodge & Cox Stock Fund	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
SP	Vanguard 500 Index Fund	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC	Vanguard Growth Index Fund	$15,001 - $50,000	Dividends	$1,001 - $2,500	P

Name Fortney Pete Stark | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
SP	Felcor Ste. Hotel	Sold	12/30/99	$1,001 - $15,000
SP	L.T.C. Properties	Sold	12/30/99	$1,001 - $15,000
SP	Vanguard Growth Index Fund	Purchase	Dividend Reinvest	$1,001 - $15,000
SP	Dodge & Cox Stock Fund	Purchase	9/8/99	$15,001 - $50,000
SP	Dodge & Cox Stock Fund	Purchase	Dividend Reinvest	$1,001 - $15,000
SP	Vanguard 500 Index Fund	Purchase	9/8/99	$15,001 - $50,000
DC	Dodge & Cox Stock Fund	Purchase	9/8/99	$1,001 - $15,000
DC	Dodge & Cox Stock Fund	Purchase	Dividend Reinvest	$1,001 - $15,000
DC	Vanguard Growth Index Fund	Purchase	9/8/99	$15,001 - $50,000

Name Fortney Pete Stark	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Branch Banking & Trust	Mortgage on 2nd St., SE Washington, DC	$100,001 - $250,000
JT	NationsBank, MD	Mortgage on 2nd St., SE Washington, DC	$50,001 - $100,000
	RMA Partners	Judgement (satisfied 9/22/99)	$500,001 - $1,000,000
	**Indicate Obligations of Stark Investment Co. LP (44% Owned)	**	$5,000,001 - $25,000,000
	**Confederation Life Ins. Co	Mortgage on S. San Francisco Warehouse	$5,000,001 - $25,000,000
	**Fremont Bank, CA	Note	$100,001 - $250,000

Name Fortney Pete Stark | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Commonwealth Fund/Harvard University	1/21/99-1/23/99	Washington-Miami-Washingon	Y	Y	Y	0
The Aspen Institute	2/12/99-2/15/99	Washington-St Petersburg, FL-Washington	Y	Y	N	0
American Society of Pediatric Nephrology	4/30/99	Washington-San Francisco-Washington	N	N	N	0

Name Fortney Pete Stark	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President & Director	Stark Investment Company, Inc., Fremont, CA
President & Director	Pete Stark Foundation, Fremont, CA

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Clifford B. Stearns
(Full Name)

2352 Rayburn House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone:
(202) 225-5744

Filer Status	[X] Member of the U.S. House of Representatives	State: FL District: 06	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Clifford B Stearns	5/15/00

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Name Clifford B. Stearns | Page 1 of 1

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Central Florida Community College	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Clifford B. Stearns | Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1999 Aug. 13, 1999	$2,000 $ 500
	Foster Wheeler Corporation	Speech	October 6, 1999	$1,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
NationsBank, Ocala, FL	$1,001 - $15,000	Interest	$1 - $200	NA
Congress Federal Credit Union	$1,001 - $15,000	Interest	$1 - $200	NA
T. Rowe Price Equity Index	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P (<$1,000)
T. Rowe Price Media & Telecom	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P (<$1,000)
T. Rowe Price New Horizons	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P (<$1,000)
T. Rowe Price Emerging Markets Bond	$1,001 - $15,000	Dividends	$201 - $1,000	P (<$1,000)

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	T. Rowe Price High Yield	$1,001 - $15,000	Dividends	$201 - $1,000	P (<$1,000)
	T. Rowe Price Spectrum Income	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P (<$1,000)
	T. Rowe Price Summit Cash Reserves	$1,001 - $15,000	Dividends	$201 - $1,000	P (<$1,000)
	Dean Witter Liquid Asset Fund	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	American Express	$1,001 - $15,000	Dividends	$1 - $200	NA
	Harris Corporation	$1 - $1,000	Dividends	$1 - $200	NA
	Daimler-Chrysler Corporation	$1 - $1,000	Dividends	$1 - $200	NA
	Mobil-Exxon Corporation	$1 - $1,000	Dividends	$1 - $200	NA
	Keycorp	$1 - $1,000	Dividends	$1 - $200	NA
	71.70% Interest, Silver Springs Inn, Ltd., a Partnership, Silver Springs, FL (cash, mtg. receivable, loan costs, and debt)	$100,001 - $250,000	Interest (Gross)	$15,001 - $50,000	NA
	(Silver Springs Inn, Ltd. cont'd)	None	Memo: Int. (Net of Int. Exp.)	$15,001 - $50,000	NA
	(Silver Springs Inn, Ltd. cont'd)	None	Capital Gains and Dividends	$5,001 - $15,000	NA
	53.34% Interest, Rock Creek, Ltd., a Partnership, Silver Springs, FL (cash and mtg. receivable)	$50,001 - $100,000	Interest (Gross)	$5,001 - $15,000	NA
	(Rock Creek Ltd. cont'd)	None	Memo: Int. (Net of Int. Exp.)	$2,501 - $5,000	NA
	(Rock Creek Ltd. cont'd)	None	Capital Gains	$201 - $1,000	NA
	Potomac Park, Inc., and S Corp, Silver Springs, FL (38.05% Interest until complete liquidation during the year)	None	Interest (Gross)	$15,001 - $50,000	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	(Potomac Park, Inc. cont'd)	None	Memo: Int. (Net of Int. Exp.)	None	NA
	(Potomac Park, Inc. cont'd)	None	Capital Gains and Dividends	$15,001 - $50,000	NA
	(Potomac Park, Inc. cont'd)	None	Ordinary Income from S Corp	$15,001 - $50,000	NA
	100% Interest, First Silver Springs, Inc., a C Corporation, Silver Springs, FL (cash, mtg. receivable, other receivables, investments, and debt)	$500,001 - $1,000,000	NA	None	NA
	100% Interest, Stearns House, Inc. an S Corp, Silver Springs, Fl (cash, furniture, and debt)	$50,001 - $100,000	Dividends	$2,501 - $5,000	NA
	(Stearns House, Inc. cont'd)	None	Ordinary Income from S Corp	$15,001 - $50,000	NA
	Rental Building (Restaurant), 5545 E. Silver Springs Blvd., Silver Springs, FL	$250,001 - $500,000	Rent (Gross)	$5,001 - $15,000	NA
	(Rental Building cont'd)	None	Memo: Rent (Net of Exp.)	$2,501 - $5,000	NA
	Rental Building (Office), 2950 N.E. 55th Ave., Silver Springs, FL	$50,001 - $100,000	Rent (Gross)	$5,001 - $15,000	NA
	(Rental Building cont'd)	None	Memo: Rent (Net of Exp.)	$5,001 - $15,000	NA
	Mortgage Receivable, Shri Natjhi, Inc., Silver Springs, FL (sale of Triplex). Note: The entire sale was reported in a preceding year. The proportionate gain on the mortgage principal collection is reported this year.	$50,001 - $100,000	Interest	$5,001 - $15,000	NA
	(Mortgage Receivable, Shri Natjhi, Inc. cont'd)	None	Capital Gains	$1,001 - $2,500	NA
	Note Receivable, Silver Springs Inn, Ltd., Silver Springs, FL	$50,001 - $100,000	Interest	$5,001 - $15,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Dean Witter Reynolds, Ocala, FL (IRA) (Mutual Funds)	$15,001 - $50,000	Dividends	$1 - $200	NA
Dean Witter Reynolds, Ocala, FL (IRA) (Money Mkt Funds & Gov't Securities)	$15,001 - $50,000	Dividends	$201 - $1,000	NA
Rental Building (Marina Towers), Alexandria, VA	$100,001 - $250,000	Rent (Gross)	$15,001 - $50,000	NA
(Rental Building cont'd)	None	Memo: Rent (Net of Exp.)	None	NA
Rental Building (Old Town Gateway Townhouse), Alexandria, VA	$250,001 - $500,000	Rent (Gross)	$5,001 - $15,000	NA - Half of the property is used for personal use and the other half is rented to a tenant. The asset value is reflected at 100%.
(Rental Building cont'd)	None	Memo: Rent (Net of Exp.)	None	NA
Note: In 1998, assets were disclosed for a trust under the will of Emily Stearns for the sole benefit of dependent children. These assets are omitted this year since the children are no longer dependents.	None	Memo: Dependent Assets	None	NA
The following investments were disclosed in 1998 because they were held by a dependent child. They have been omitted this year because the child is no longer a dependent: Vanguard Asset Allcoation Funds, MacDonald Corp. stock, Coca Cola stock, IBM stock	None	Memo: Dependent Assets	None	NA

Name Clifford B. Stearns	Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Liquidation of 38.05% Interest in Potomac Park, Inc., an S Corporation	Sold	12/31/99	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	SunTrust Bank, Ocala, FL	Mortgage on Restaurant, Silver Springs, FL	$10,001 - $15,000
	Washington Mutual, Northridge, CA	Mortgage on Marina Towers Rental, Alexandria, VA	$100,001 - $250,000
	NationsBank Mortgage, Charlotte, NC	Mortgage on Old Town Gateway Apartment, Alexandria, VA	$250,001 - $500,000

Name	Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Name Clifford B. Stearns | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Awakening, Sea Island, GA - Speech	Jan. 8-10	Ocala-Sea Island-Ocala	Y	Y	Y	N
Air Force Association of the United States - Speech	Feb. 4-5	Ocala-Orlando-Ocala	Y	Y	N	N
American Medical Association - Speech	Feb. 17-18	Ocala-Palm Beach-Ocala	Y	Y	N	N
United States Telephone Association - Speech	Nov. 13-14	Ocala-Naples-Ocala	Y	Y	Y	N

Name Clifford B. Stearns | Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
General & Limited Partner	Silver Springs Inn, Ltd.
General & Limited Partner	Rock Creek Park, Ltd.
President	Potomac Park, Inc.
President	First Silver Springs, Inc.
President	Stearns House, Inc.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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MC (Office Use Only)

Charles W. Stenholm
(Full Name)

Room 1211 Longworth HOB, U.S. House of Representatives
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202)225-6605

Filer Status [X] Member of the U S House of Representatives — State TX District 17 — [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app 4, § 104 and 18 U.S.C §1001)

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Charles W. Stenholm	5-15-00

4639

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontano County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
The Connell Company	Speech	Feb 22, 1999	$2,000
The Washington Campus	Speech	March 9, 1999	$500
The Washington Campus	Speech	May 20, 1999	$250
American Council on Education	Speech	June 8, 1999	$1,000
The Washington Campus	Speech	Sept 28, 1999	$500
The Washington Campus	Speech	Oct 14, 1999	$500
The Washington Campus	Speech	Oct 26, 1999	$500
The Washington Campus	Speech	Nov 2, 1999	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Examples: Simon & Schuster			Indefinite																Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
JT	Independent Bank Share			X										X								X										NA
JT	Ericksdahl Co-Op gin			X										X									X									NA
JT	Jones-Haskell Grain Cop			X										X							X											NA
JT	Stamford Electric Co-op			X										X									X									NA
JT	Plains Cotton Co-Op			X										X										X								NA
JT	Rolling Plains Co-op			X										X									X									NA

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles W. Stenholm

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	S&S Feeders-50% partnership		X											X							X											NA
JT	OK Oil & Gas Lmt partnershp			X																royalties		X										NA
JT	OK Oil,Gas Lmt partnership			X																royalties		X										NA
SP	Dessa Carmen Watson estate*						X													trust inc						X						NA
JT	First State Bank,Stamford			X												X						X										NA
JT	Cong Fed Credit Union		X													X						X										NA
JT	8300 John Deere tractor					X														lease						X						NA
JT	1997 Buick LeSabre			X																reimbrsmt						X						NA
JT	1998 Chevy Blazer			X																reimbrsmt						X						NA
JT	401K Thrift Savings Plan					X										X										X						NA
JT	IRA Am Exp Trust Co.					X								X		X										X						NA
JT	840 acres-Jones Co, Tx							X												rent,ag												NA
	Rent														X												X					NA
	USDA CCC Payments																			CCC pamt						X						
	USDA crop insurance																			crop ins					X							NA
JT	Double S Farms (50% stock)					X								X							X											NA
SP	75 acres Wheeler County,TX				X																											NA
	USDA																			ag prog				X								NA
	Minerals																			royalties					X							NA
JT	S&S Enterprs 40 acres-Jones				X										X							X										NA
JT	160 acres-Jones Co, Tex					X									X											X						NA
JT	Residence						X													none	X											NA

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*see additional information on next page

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Charles W. Stenholm

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	John Deere 6600 Sprayer					X														lease							X					NA
	~~Details of Watson estate trust~~																															
	of spouse:																															
	¼ interest lot 27,blk 1			X																trust												
	Stamford, Tx																															
	1/6 interest Vaugmn&Jett					X														trust												
	(Taylor County,Tx)																															
	Mineral assets						X													royalties					X							
	Prime Vest-																															P
	MOney Market Fund		X											X								X										
	Capital Income Builder					X								X								X										

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
JT	JOhn Deere 7810 MFWD Tractor			X	4-99			X							

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	First Ntl Bank, Sweetwater, Tx	Business-OK Oil & Gas Pr	X									
JT	Federal Land Bank, Haskell, Tx	Business-40.5 acres,Jones	X									
JT	Lend Lease (previously Equitable Agri	Business-840 acres,Jones				X						
JT	Rolling Plains PCA, Stamford, TX	Business-gen farm ops		X								
JT	First State Bank, Stamford, Tx	Business-John Deere 6600		X								

(see continuation on next page)

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	First State Bank, Stamford, TX	Business-OK Oil & Gas Prt	X									
JT	Chase Advantage Credit	Personal-home imrprvmts	X									
JT	Chase Manhattan, New York	Residence				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Farm Bureau	1/11	Abilene-Alb - Abilene	N	N	N	N
	Comm for Respons.Fed Budgt	1/17-18	Dallas only (no travel	Y	Y	N	N
	Business Roundtable - GTE	4/6-7	Abilene-DC-Fort Worth	N	Y	N	N
	Dem Leadership Council	4/30-5/3	DC-NOLA-DC	Y	Y	Y	N
	Southern Peanut Growers	7/24-26	DC-Panama City,Fla-DC	Y	Y	N	N
	American Sugar Alliance	8/ 7-10	Dallas-SanFran-Dallas	Y	Y	Y	N
	Ripon Ed Fund	8/13-21	DC-Stockholm-DC	Y	Y	Y	N
	NY Stock Exchange	9/20	DC-NYC-DC	N	Y	Y	N
	Am Crop Protection Assn	9/24-26	(drove)DC-WV-DC	Y	Y	Y	N
	Turner Broadcasting	10/24-25	DC-Atlanta-DC	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Double S Farms
Partner	S & S Feeders
Partner	S & S Enterprises

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

CHARLES W. STENHOLM
17TH DISTRICT
TEXAS

1211 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6605
FAX (202) 225-2234
e-mail: Texas17@mail.house.gov
Home Page: http://www.house.gov/stenholm/

AGRICULTURE COMMITTEE
RANKING MEMBER

Congress of the United States
House of Representatives
Washington, DC 20515

DISTRICT OFFICES:
P.O. BOX 1237
STAMFORD, TX 79553
(915) 773-3623
FAX (915) 773-2833

P.O. BOX 1101
ABILENE, TX 79604
(915) 673-7221
FAX (915) 676-6547

33 E. TWOHIG AVE., #318
SAN ANGELO, TX 76903
(915) 655-7994
FAX (915) 658-2798

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LEGISLATIVE RESOURCE CENTER

June 12, 2000

1
MC

The Clerk, U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, D. C. 20515-6612

Dear Mr. Clerk:

This letter is to clarify a change from my 1998 to my 1999 Financial Disclosure Statement, as I submitted it last month.

In 1998, the Dessa Carmen Watson estate inherited by my wife included fixed common trust funds, equity common trust funds, and money market trust funds, all with NCNB in Abilene.

In 1999, we exchanged those funds for a Prime Vest money market fund and a capital income builder, as listed on page 6 of my 1999 report.

I trust that this will remove any confusion that may have existed on the change in my statements from 1998 to 1999. If you have further questions, please feel free to contact me.

Sincerely,

Charlie

Charles W. Stenholm
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY -1 AM 9:30
OFFICE OF THE CLERK

MC APR 2 1 2000

Ted Strickland
(Full Name)

P.O. Box 580
Lucasville, OH 45648
(Mailing Address)

Daytime Telephone
202-225-5705

Filer Status	☑ Member of the U S House of Representatives	State District	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☑
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ted Strickland	4-23-2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Smith Educational Enterprises, Inc. - S Corporation	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock				X								X										X									P
			Simon & Schuster		Indefinite																Royalties									X				
			1st Bank of Paducah, KY accounts					X									X									X								
	IRA - National City Bank					X											X					NA												

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

CLERK'S RESOURCE CENTER
00 MAY 15 PM 2:31

(5)
MC HAND DELIVERED
(Office Use Only)

BOB STUMP
(Full Name)

211 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-4576

Filer Status	[X] Member of the U.S. House of Representatives	State District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/00

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Name BOB STUMP | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Stump Farms ***This is an estimate. I have an extension, and have not yet filed my 1999 income taxes.	Farm Income	$25,000.00***

For payments to charity in lieu of honoraria, use Schedule II.

Name BOB STUMP

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp Stock						X							X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts							X								X										X						
	Stump Farms									X											X											
	Community First Nat'l Bank/Tolleson, AZ					X										X								X								
	First Federal Credit Union/Phoenix, AZ			X												X						X										
	Wright Patman Congressional Fed Credit Union						X									X								X								
	Life Ins: Union Bankers Ins				X											X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB STUMP

Page 4 of 5

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P. S. E
	Stock: County Bank			X										X							X											
	American Airlines						X							X							X											
	Tenneco			X										X								X										
	Delta Airlines				X									X								X										
	Federal Resources		X											X							X											
	T.G. Shaw Properties		X											X							X											
	IRAs: Seligman Comm & Info Fund/Prudential Bache:																															
	America West Airlines			X										X							X											
	Northgate Exploration		X											X							X											
	Money Mart Assets			X												X						X										

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Owner	Stump Farms

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

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4659

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Bartholomew (Bart) T. Stupak
(Full Name)

4101 Michigan Shores Drive
(Mailing Address)
Menominee MI 49858

Daytime Telephone: 202/225-4735

Filer Status	[X] Member of the U.S. House of Representatives	State: MI District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	[X]	No	[ ]	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	[X]	No	[ ]	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	[X]	No	[ ]	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	[X]	No	[ ]	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	[X]	No	[ ]	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	[ ]	No	[X]	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes	[X]	No	[ ]	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	[X]	No	[ ]	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	[ ]	No	[X]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	[ ]	No	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	[ ]	No	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bart Stupak	5/25/2000

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Michigan - State Police Pension	Disability Retirement	$16,354 29
	City of Menominee, Michigan (spouse - Mayor's Salary)	Spouse Salary	$1,250 04

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1999	$2,000
	XYZ Magazine	Article	Aug 13, 1999	$ 500
	Kmart Family Foundation	Charity Race Against Drugs	9/22/99	$2,000 00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description iin this block	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for Income For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples* JT	SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Bart T. Stupak, PC (stock)	$1,001 - $15,000	NA	None	NA
JT	Office - 817 Ninth Ave, Menominee MI	$15,001 - $50,000	Rent	$5,001 - $15,000	NA
JT	Savings Account	$1,001 - $15,000	Interest	$201 - $1,000	NA
DC	Savings Account - Northern Michigan National Bank	$1,001 - $15,000	Interest	$201 - $1,000	NA
JT	Home - Lots 3 & 4 - 4101 Michigan Shores Drive, Menominee, MI 49858	$100,001 - $250,000	NA	None	NA

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SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	Stamps.Com Stock	Purchase	8/9/99	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St. Dover, Del.	$100,001 - $250,000
JT	Stephenson National Bank	Mortgage - 817 9th Avenue, Menominee, MI 49858	$15,001 - $50,000
JT	First National Bank of Menominee, MI	Mortgage - Lots 3 & 4 - 4101 Michigan Shores Drive, Menominee, MI 49858	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash. D.C.-Chicago-Wash. D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash. D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Harvard University Commonwealth Fund	1/21/99 - 1/24/99	Washington DC to Miami, FL to Green Bay, WI	Y	Y	N	NA
Keystone Center	02/18/99 - 02/22/99	Green Bay, WI to Denver, CO to Green Bay, WI	Y	Y	Y	NA
The National Italian American Foundation	3/30/99 - 4/5/99	Green Bay, WI to Rome, Italy to Naples, Italy to Green Bay, WI	Y	Y	Y	NA
Michigan Association of Broadcasters	9/10/99 - 9/11/00	Mackinac Island	Y	N	N	NA

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Owner/Director	Bart T Stupak, PC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
00 MAY 15 PM 6:12

JOHN E. SUNUNU
(Full Name)

44 BUTTONWOOD ROAD
BEDFORD, NH 03110
(Mailing Address)

603 641-9536
Daytime Telephone

MC

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Filer Status	[X] Member of the U.S. House of Representatives	State NH District 1	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John E. Sununu	5.12.00

4667

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1999	$2 000
	XYZ Magazine	Article	Aug 13, 1999	$500
	AMERICAN COUNCIL FOR CAPITAL FORMATION, WASH. DC	SPEECH	OCTOBER 13, 1999	$ 2,000

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Name JOHN E. SUNUNU | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP	Mega Corp Stock	E	DIVIDENDS X; INTEREST X	V $2,501 – $5,000	P
DC, Examples	Simon & Schuster	Indefinite	Royalties	IX $100,001 – $1,000,000	
JT	1st Bank of Paducah, KY accounts	F	INTEREST X	VI $5,001 – $15,000	
	CITIZENS BANK MANCHESTER, NH ACCOUNTS	D	INTEREST X	III $201 – $1,000	
	IRA - FIDELITY MAGELLAN	D	DIVIDENDS X; INTEREST X; CAPITAL GAINS X	NA - IRA	
	IRA - FIDELITY LATAM	C	DIVIDENDS X; INTEREST X; CAPITAL GAINS X	NA - IRA	
	IRA - FIDELITY CASH RES	D	INTEREST X	III $201 – $1,000	

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name JOHN E. SUNUNU

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–99		X								
	IRA - BELL ATL. STOCK			X		12.30.99	X									

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FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999 | For use by Members, officers, and employees

00 MAY 16 AM 9:21

JOHN E. SWEENEY
(Full Name)

1502 LOOKOUT LANE
(Mailing Address)

(518) 587-9800
Daytime Telephone

CLIFTON PARK, NY 12065

HAND DELIVERED
(Office Use Only)

5

Filer Status	[X] Member of the U.S. House of Representatives	State NEW YORK District 22nd CONGRESSIONAL	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John E Sweeney	5/15/00

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Name JOHN E. SWEENEY	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US HOUSE OF REPRESENTATIVES	SALARY	124,549
	STATE OF NEW YORK	SPOUSE SALARY	69,679

For payments to charity in lieu of honoraria, use Schedule II.

Name JOHN E. SWEENEY | Page 1 of 1

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	FLEET NATIONAL BANK		X													X						X										
	STATE EMPLOYEES FCU			X												X						X										
	INV TR JOHN E. SWEENEY			X												X						X										
	INV TR JOHN E. SWEENEY					X								X									X									
	INV TR JOHN E. SWEENEY					X											X									X						

For additional assets and unearned income, use next page.

Name	JOHN E. SWEENEY	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	STATE EMPLOYEES FCU	MORTGAGE ON 18 MURIEL LN, SCHAGHTICOKE, NY				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	INSTINET & TIME WARNER	DEC 17-DEC 23	WASH D.C. - PARIS, FRANCE PARIS FRANCE - WASH D.C.	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE REFERENCE CENTER
2000 MAY 19 PM 12:48

MAY 15 2000
(Office Use Only)

James M. Talent
(Full Name)

15739 Cedarmill Drive
(Mailing Address)

Chesterfield MO 63017

Daytime Telephone 314-872-9561

Filer Status	[X] Member of the U S House of Representatives	State MO District 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	James M Talent	5/15/00

4676

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Washington University Law School	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT — *Examples* — SP — Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT — CMA Money Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
JT — Chase Manhattan Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
JT — Exxon Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
JT — Wal Mart Stores Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT — Avon Products Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
JT — Royal Dutch Petroleum Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
JT — Merrill Lynch Senior Floating Rate Fund	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Fidelity Magellan (IRA)	$1,001 - $15,000	Capital Gains and Dividends	NA	
DC	Oppenheimer Hi Yield Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	Oppenheimer Hi Yield Fund	$1 - $1,000	Dividends	$1 - $200	
DC	Oppenheimer Main St Inc & Growth Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
DC	Hubco Stock (exchanged for Hudson United Bancorp Stock)	None	Dividends	$1 - $200	E
DC	Hudson United Bancorp Stock (received in exchange for Hubco Stock)	$1,001 - $15,000	Dividends	$1 - $200	E
DC	Wang Labs Stock	None	Capital Gains	$5,001 - $15,000	Exchanged in a cash merger
DC	Fleet Financial Group Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
JT	AT&T Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	US Bancorp Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	TECO Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	General Electric Stock	$15,001 - $50,000	Dividends	$1 - $200	
JT	Berskshire Hathaway B Stock	$1,001 - $15,000	NA	None	
JT	Lucent Tech. Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	Merck Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	Commercial Net Realty Stock	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
JT	CIFRA C COPN Stock	$1 - $1,000	NA	None	
JT	Health Chem Stock	$1 - $1,000	NA	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Missouri State Pension	$15,001 - $50,000	NA	NA	
JT	CGM Mutual Fund	None	Capital Gains	$1,001 - $2,500	S
	Bank of America Accounts (formerly NationsBank)	$15,001 - $50,000	Interest	$1 - $200	
SP	Fidelity Puritan Fund (IRA)	$1,001 - $15,000	Capital Gains and Dividends	NA	
	Oppenheimer Hi Yield Fund (IRA)	$1,001 - $15,000	Dividends	NA	
JT	Vanguard GNMA Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Bryan Cave SELF (formerly part of partnership interest)	$1,001 - $15,000	Interest	$1 - $200	
JT	Southwest Gas Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	Wendy's Int'l Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	Cerner Corp Stock	$1,001 - $15,000	NA	None	P
JT	John Hancock Regional Bank Fund B	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
JT	UTS Mo. Muni #66	$1,001 - $15,000	Interest	$1 - $200	
JT	Mo St HSGDV Comm. GNMA Bonds	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Merrill Lynch Global Alloc. Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	Fidelity Cash Reserves (IRAs)	$1,001 - $15,000	Interest	NA	
JT	Sogen Int'l Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	Oppenheimer Main St Inc & Growth Fund (IRA)	$15,001 - $50,000	Capital Gains and Dividends	NA	
SP	Fidelity Contra Fund (IRA)	$1,001 - $15,000	Capital Gains and Dividends	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Fidelity Blue Chip Fund (IRA)	$1,001 - $15,000	Capital Gains and Dividends	NA	
SP	Putnam New Opportunities Fund (IRA)	$15,001 - $50,000	Capital Gains	NA	
DC	Twentieth Century Giftrust	$1,001 - $15,000	NA	None	
DC	Davis NY Venture Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
JT	Vanguard Windsor	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
JT	Oracle Stock	$1,001 - $15,000	NA	None	
JT	3 Com Stock	$1,001 - $15,000	NA	None	
JT	Safeco Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	Jones Pharma Stock	$1,001 - $15,000	Dividends	$1 - $200	
SP	Fidelity Select Electronics (IRA)	$1,001 - $15,000	Capital Gains	NA	
DC	Oracle Stock	$15,001 - $50,000	NA	None	
JT	Guardian Savings & Loan Association of Houston, Texas Certificate of Deposit	None	Interest	$201 - $1,000	CD matured
JT	Federated Investors Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	Muniholdings Insured Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
JT	SBC Communications Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	Hibernia Corp. Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	Intel Stock	$1,001 - $15,000	Dividends	$1 - $200	
SP	1st Trust Unit 245 REIT Growth & Inc Tr 98 (IRA)	$1,001 - $15,000	Dividends	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Marsico Focus Fund (IRA rolled over from Nationsbank)	$1,001 - $15,000	Capital Gains and Dividends	NA	
DC	Milton O. Talent Irrevocable Trust (DCs currently have a 3/5's interest. The values and income are based on the DCs' interest. Assets that don't meet the asset or income test are not listed but are included in the aggregate value and income of the Trust:	$250,001 - $500,000	Capital Gains and Dividends	$5,001 - $15,000	
DC	Bontex Stock	$1 - $1,000	NA	None	
DC	Alcoa Stock (received in exchange for Aluminum Co AM PV1 Stock)	$1,001 - $15,000	Capital Gains	$1 - $200	E
DC	Spartech Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
DC	Aluminum Co. AM PV1 Stock (exchanged for Alcoa Stock)	None	NA	None	E
DC	MedPartners Stock (exchanged for Caremark RX Inc Stock)	None	NA	None	E
DC	Morgan Stanley Dean Witter Discover Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
DC	Cyprus Amax Minerals Stock (exchanged for Phelps Dodge PV6 25)	None	Dividends	$1 - $200	E
DC	Telefonica (CPT) Peru B Pen Par Ordinary Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Phelps Dodge PV6 25 (exchanged for Cyprus Amax Minerals Stock)	$1,001 - $15,000	Capital Gains	$1 - $200	E
DC	Ralcorp Hldgs Inc New Stock	$1,001 - $15,000	NA	None	
DC	Barrett Resources Stock	$1,001 - $15,000	NA	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Chantal Pharmaceutical Stock	$1 - $1,000	NA	None	
DC	John Hancock Reg Bank Fund Cl B	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
DC	Oppenheimer Main St. Inc & Growth Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
DC	Putnam New Opportunities Fund	$1,001 - $15,000	Capital Gains	$201 - $1,000	
DC	Sogen Int'l Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
DC	Allstar Inns Stock	None	Capital Gains	$1 - $200	Liquidation Distribution
DC	Health Chem Stock	$1 - $1,000	NA	None	
DC	Johns Manville New Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	MCI Cap I Preferred Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	Keyport Life Key Index Annuity	$1,001 - $15,000	NA	None	
DC	Castle & Cooke Stock	$1,001 - $15,000	NA	None	
DC	Dave & Busters Stock	$1,001 - $15,000	NA	None	
DC	Caremark RX Inc Stock (received in exchange for MedPartners Stock)	$1 - $1,000	NA	None	E
DC	Payless Shoes Stock	$1,001 - $15,000	NA	None	
DC	Wang Labs Stock	None	Capital Gains	$5,001 - $15,000	Exchanged in cash merger
DC	Vanguard Windsor II Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
DC	Allegiance Stock (exchanged for Cardinal Health Inc Ohio Stock)	None	Dividends	$1 - $200	E
DC	Apple Computer Stock	$1,001 - $15,000	NA	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Cash American Int'l Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Primex Technologies Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Vanguard Index 500 Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
DC	General Mills Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	CMA Money Fund	$15,001 - $50,000	Dividends	$201 - $1,000	
DC	Cardinal Health Inc Ohio Stock (received in exchange for Allegiance Stock)	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	E
DC	Kuala Healthcare Stock	$1 - $1,000	NA	None	
DC	Waste Management Inc. New Stock	$1 - $1,000	Dividends	$1 - $200	
DC	Agribands Int'l Inc Stock THIS ENDS THE TRUST ASSET LIST.	$1,001 - $15,000	NA	None	
JT	MCI Worldcom Inc. Stock	$1,001 - $15,000	NA	None	
DC	Merrill Lynch CMA Money Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	Unisource Energy Corp. Stock	$1,001 - $15,000	NA	None	
JT	Providian N.B. Tilto, N H. Certificate of Deposit	$1,001 - $15,000	Interest	None	P
JT	Charter Communications Stock	$1,001 - $15,000	NA	None	P
JT	Colorado Medtech Inc Stock	$1 - $1,000	NA	None	P
JT	IXNET Inc. Stock	$1,001 - $15,000	NA	None	P
JT	John Hancock Global Health Sciences Cl B	$1,001 - $15,000	NA	None	P
JT	Missouri State Hlth & Edl Fac. Bonds	$1,001 - $15,000	Interest	$1 - $200	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	Missouri State Hlth & Ed Fac Bonds	Purchase	02/10/99	$1,001 - $15,000
DC	Aluminum Co AM PV1 exhanged for Alcoa Stock	Exchange	01/05/99	$1,001 - $15,000
DC	Alcoa Stock received in exchange for Aluminum Co AM PV1	Exchange	01/05/99	$1,001 - $15,000
DC	Wang	Exchange	07/22/99	$1,001 - $15,000
DC	Hubco Stock exchanged for Hudson United Bancorp Stock	Exchange	05/04/99	$1,001 - $15,000
DC	Hudson United Bancorp Stock received in exchange for Hubco Stock	Exchange	05/04/99	$1,001 - $15,000
JT	CGM Mutual Fund	Sold	01/11/99	$1,001 - $15,000
JT	Cerner Stock	Purchase	12/06/99	$1,001 - $15,000
DC	MedPartners Stock exchanged for Caremark RX Inc Stock	Exchange	09/21/99	$1,001 - $15,000
DC	Caremark RX Inc Stock received in exchange for MedPartners Stock	Exchange	09/21/99	$1,001 - $15,000
DC	Cyprus Amax Minerals Stock exchanged for Phelps Dodge PV6 25	Exchange	12/03/99	$1,001 - $15,000
DC	Phelps Dodge PV6 25 received in exchange for Cyprus Amax Minerals Stock	Exchange	12/03/99	$1,001 - $15,000
DC	Allegiance Stock exchanged for Cardinal Health Inc Ohio Stock	Exchange	02/04/99	$1,001 - $15,000
DC	Cardinal Health inc Ohio Stock received in exchange for Allegiance Stock	Exchange	02/04/99	$1,001 - $15,000
JT	Charter Communications Stock	Purchase	11/12/99	$1,001 - $15,000
JT	Colorado Medtech Inc Stock	Purchase	05/27/99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	IXNET Inc. Stock	Purchase	08/12/99	$1,001 - $15,000
JT	John Hancock Global Health Sciences Cl B	Purchase	02/19/99	$1,001 - $15,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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Thomas Gerard Tancredo
(Full Name)
5471 S. Estes St, Littleton CO 80123
(Mailing Address)
Daytime Telephone: 303-932-6759

Filer Status: [✓] Member of the U.S. House of Representatives — State CO District 6 [ ] Officer or Employee — Employing Office

Report Type: [✓] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [✓] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [✓]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [✓] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [✓]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [✓] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [✓]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [✓] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [✓]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [✓]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [✓]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tom Tancredo	4-1-2000

Name Tancredo, Tom	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Public Employees Retirement Association	Spouse Retirement	28,000.

For payments to charity in lieu of honoraria, use Schedule II.

Name Tancredo, Tom

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
	Greenberg & Associates								X													NA											
	Royal Alliance							X														NA											
	26-30 Pennsylvania, Denver							X									X	X			Installment Sale						X						

For additional assets and unearned income, use next page.

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Flagstar Bank	Mortgage on 26-30 Pennsylvania				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives; gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American-Egyptian Cooperation Found.	Dec. 1-6	Denver Cairo-Denver	Y	Y	Y	N

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Clerk
U.S. House of Representatives
B106
Cannon House Office Building
Washington, D.C. 20515

Sir:

The following information should be added to my 1999 financial disclosure statement in Schedule III, Assets and "Unearned' Income:

Royal Alliance fund manager for– American Funds
Goldberg and Associates fund manager for– Golden American, Penn Mutual, Putnam, Skandia, Kemper, Alliance, Waterhouse

None of our investments in 401ks, 403bs or IRAs are self-directed.

Tom Tancredo

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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(Office Use Only)

JOHN S. TANNER
(Full Name)
1127 LONGWORTH BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)
Daytime Telephone (202) 225-4714

Filer Status: [X] Member of the U.S. House of Representatives — State TENN District 8 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Tanner	5.15.00

4693

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
UNION CITY INSURANCE AGENCY (FAMILY OWNED BUSINESS)	FEE	8100.-
STATE OF TENNESSEE RETIREMENT	PENSION	2816.42
SHENNANDOAH SHUTTERS	INCOME-SPOUSE	
BETTY ANN TANNER ACCESSORIES	SPOUSE INCOME	
UNION CITY INSURANCE AGENCY	SPOUSE INCOME	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Example: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1999 Aug. 13, 1999	$1,000 $500
AMERICAN COUNCIL FOR CAPITAL FORMATION	SPEECH	JUNE 17, 1999	1000.-

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Name JOHN S. TANNER | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $15,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction
SP, DC, JT	Examples: Mega Corp. Stock			Indefinite		X								X										X								P
	Simon & Schuster																			Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	UNION CITY INS. STOCK							X													X											
	UNION PLANTERS BANK			X												X							X									
SP	MEAGER MEANS INVT. CLUB			X										X								X										
	CENTRAL PARK CORP.			X													X									X						S
	DUPONT			X													X							X								S
	MEDTRONIC				X																											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN S. TANNER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	TASEKO MINES			X																												
	TELESCAN INC.			X													X								X							P/S
	PRISON REALTY CORP.			X																												P
	E-SAT INC				X																											
	E-SAT INC IRA				X																											
SP	COCA-COLA			X																												
SP	GENERAL ELECTRIC			X													X						X									S
SP	MEDTRONIC			X																												
SP	PEPSICO			X																												
SP	RENTECH INC. COM		X																		X											S
SP	TRICON GLOBAL REST.		X																													
SP	UNION PLANTERS			X																	X											S
SP	WUNDER NET CLASSIC			X																												P
	MUTUAL FUND																															
	TANNER FARM L.P.						X																									
SP	PORTIS ESTATE					X																										

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SCHEDULE IV — TRANSACTIONS

Name JOHN S. TANNER Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–99		X								
	DUPONT EI DENEMOURS		X		1-4-99	X									
	DUPONT EI DE NEMOURS		X		8-23-99	X									
	TELESCAN INC	X			9-23-99	X									
	CENTRAL PARKING		X		9-23-99	X									
	TELESCAN INC.		X		12-30-99	X									
	PRISON REALTY CORP.	X			12-30-99	X									
SP	GENERAL ELECTRIC		X		4-5-99	X									
SP	MEDTRONIC INC	X			4-5-99	X									
SP	MUNDER NET CLASSIC MUTUAL FUND	X			4-7-99	X									
SP	UNION PLANTERS		X		4-7-99	X									
SP	RENTECH		X		4-8-99										

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Name JOHN S. TANNER | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	1st VOLUNTEER BANK, UNION CITY, TN	PERSONAL NOTE	X									
	UNION PLANTERS, UNION CITY, TN	PERSONAL NOTE		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICAN SUGAR ALLIANCE	AUG. 7-10	WASH, DC - SAN FRAN - MEM.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
VICE PRESIDENT	UNION CITY INSURANCE CO. (FAMILY OWNED BUSINESS)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

4701

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 25 PM 5:01
CLERK
REPRESENTATIVES

JOHN TANNER
8TH DISTRICT
TENNESSEE

COMMITTEE
ON
WAYS AND MEANS

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515–4208

HAND DELIVERED

May 24, 2000

Mr. Jeffrey Trandahl
Clerk of the House
H154 The Capitol
Washington, DC 20515

Dear Mr. Trandahl:

I have been informed by the Committee on Standards of Official Conduct that I need to send you a letter giving more information about two entries on Page 5 of my 1999 Financial Disclosure Statement.

The last two items on that page are new entries. The first is for the Tanner Farm L.P. This is a holding of 300 acres of land in Union City, Tennessee which came into my possession after the death of my mother and when her estate was settled.

The last entry on that page is from the Portis Estate. This is in my spouse's name and consists of a house and contents which came into her possession upon the death of her father. The estate has not been settled yet but her share of the estate when it is settled is noted in Block B

I hope that this information will clear up any questions about my Financial Disclosure Statement. Should you need any further information about this matter, please contact Kathy Becker in my office at 5-4714.

Sincerely,

John Tanner, M. C.

JT/kb

1127 LONGWORTH BUILDING
WASHINGTON, D.C. 20515
(202) 225–4714
FAX (202) 225–1765

POST OFFICE BOX 629
203 WEST CHURCH STREET
UNION CITY, TN 38261
(901) 885–7070
FAX (901) 885–7094

ROOM B–7, FEDERAL BUILDING
JACKSON, TN 38301
(901) 423–4848
FAX (901) 427–1537

8120 HIGHWAY 51 NORTH
SUITE 3
MILLINGTON, TN 38053
(901) 873–5690
FAX (901) 873–5692

SCHEDULE III ASSETS AND UNEARNED INCOME
Continuation Sheet (if needed)

Name JOHN S. TANNER

Page 5 of 7

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P S E
	TASEKO MINES			X																											
	TELESCAN INC.			X												X								X							P/S
	PRISON REALTY CORP.			X																											P
	E-SAT INC				X																										
	E-SAT INC IRA				X																										
SP	COCA-COLA			X																											
SP	GENERAL ELECTRIC			X												X						X									S
SP	MEDTRONIC			X																											
SP	PEPSICO			X																											
SP	RENTECH INC. Com		X																	X											S
SP	TRICON GLOBAL REST.		X																												
SP	UNION PLANTERS				X															X											S
SP	MUNDER NET CLASSIC MUTUAL FUND				X																										P
	TANNER FARM L.P.						X																								
SP	PORTIS ESTATE					X																									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

RECEIVED

00 MAY 15 AM 11:39

HAND DELIVERED

(Office Use Only)

Ellen O. Tauscher

(Name)

1801 North California Boulevard

(Mailing Address)

202-225-1880

(Daytime Telephone)

Walnut Creek, California 94596

Filer Status: [X] Member of the U.S. House of Representatives — State: CA District: 10 [ ] Officer or Employee — Employing Office: ____

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [ ] No [X]

II. Did any individual, organization, or employer pay a total of $5,000 or more of your salary or any other compensation or other income in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive payments or income of more than $200 in the reporting period on a reportable asset with a value of more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or a dependent child participate in a sale, or exchange of any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable travel by more than $10,000 during the reporting period? **If yes, complete and attach Schedule V** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (e.g., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (e.g., with a value in excess of $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [X] No [ ]

VIII. Did you hold any reportable positions, on or before the date of filing, in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION — Have you excluded from this report any other assets, earned income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	E. Tauscher	5/15/2000

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Name Ellen Tauscher	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$[illegible]
	State of Maryland	Legislative Pension	$[illegible]
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package

Source	Activity	Date	Amount
Examples Association of American Associations, Wash , D C	Speech	Feb 2, 1999	$2,000
XYZ Magazine	Article	Aug 13, 1999	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT — *Examples* — SP — Mega Corp. Stock		E: X	DIVIDENDS: X	IV: X	P
Examples — Simon & Schuster		B: Indefinite	Other Type of Income: Royalties	IX: X	
Examples — 1st Bank of Paducah, KY accounts		F: X	INTEREST: X	VI: X	
Summit Bank Account		E: X	INTEREST: X	VI: X	
Prudentail Securities		G: X	INTEREST: X	VI: X	
Other Assets (rough estimate - exact value and list of assets cannot be determined pending divorce)		J: X			

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ellen Tauscher

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name Ellen Tauscher

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–99		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Summit Bank	Line of Credit				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives; gifts of personal hospitality of an individual, local meals; and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

	Source	Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israeli Public Affairs Committee (AIPAC)	Aug. 25-Sept. 2	Washington, DC - Israel- Washington, DC	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Director (unpaid, on Leave)	Women's Forum Legacy Foundatio
Director (unpaid, on Leave)	Alumni Resources

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

4713

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UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Wilbert Joseph Tauzin, II
(Full Name)

2183 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515
Daytime Telephone: 202/225-4031

Filer Status: [X] Member of the U.S. House of Representatives — State: LA District: 03 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule I

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule II

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [X] No [ ]
If yes, complete and attach Schedule III

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule IV

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule V

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? — Yes [ ] No [X]
If yes, complete and attach Schedule VI

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? — Yes [X] No [ ]
If yes, complete and attach Schedule VII

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [ ] No [X]
If yes, complete and attach Schedule VIII

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes [ ] No [X]
If yes, complete and attach Schedule IX

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month Day, Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Wilbert Joseph Tauzin II	May 15, 2000

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cancer Research Foundation	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

4714

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP Mega Corp. Stock DC *Examples* SP 123 Main St., Dover, Del. JT 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
All America Life Insurance Company	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
All America Life Insurance Company	None	Dividends	None	NA
Wright Patman Congressional Credit Union	$15,001 - $50,000	Dividends	$201 - $1,000	NA
Secor Bank IRA	$15,001 - $50,000	Interest	$201 - $1,000	NA
Putnam IRA High Yield Trust	$1,001 - $15,000	Interest	$201 - $1,000	NA
Investment Income, Wingate, Maryland	$100,001 - $250,000	Rent and timber sales	$15,001 - $50,000	NA
First Interstate Bank	$15,001 - $50,000	Interest	$201 - $1,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Cajun Treats, LLC (Cook & Tell Cookbook)	$15,001 - $50,000	None (operated at loss)	None	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	St. Charles Royalle Subdivision, Lot 13, Block 10, Lot 6 of Block 5, South 1/2 Lot 9, Block 10	Sold	09/30/99	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT,	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Mercantile Mortgage Corporation	Mortgage, Investment acreage in Wingate, Maryland	$100,001 - $250,000

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SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce Mega Corporation	Mar 2 Aug 6-13	Wash., D.C.-Chicago-Wash., D.C. Wash., D.C.-Los Angeles-Cleveland	N Y	N Y	N Y	N 4 Days
Winn Dixie Corporation	1/8-1/10	DC-Jacksonville, FL-DC	Y	Y	N	NA
ALTV	1/24-1/27	DC-New Orleans, LA-DC	Y	Y	N	NA
NCTA	6/12-6/14	DC-Chicago, IL-DC	Y	Y	Y	NA
Wilshire Publishing	6/24-6/27	DC-Vancouver, BC-DC	Y	Y	Y	NA
CATO Institute	7/15-7/19	DC-San Francisco, CA-DC	Y	Y	Y	NA
Air Touch Communications	7/29-8/1	DC-San Francisco, CA- DC	Y	Y	N	NA
Citizens for a Sound Economy	10/8-10/9	DC-Orlando, FL-DC	Y	Y	N	NA
Business Government Relations Council	10/15-10/17	DC-Williamsburg, VA-DC	Y	Y	Y	NA
US Telecommunications Association	11/13-11/15	DC-Naples, FL-DC	Y	Y	Y	NA
Winn Dixie Corporation	11/19-11/21	DC-Jacksonville, FL-DC	Y	Y	N	NA
Dallas Chamber of Commerce	12/3	DC-Dallas, TX-DC	N	N	N	NA
Acadian Ambulance	12/14-12/15	DC-New Orleans, LA-DC	Y	Y	N	NA
Instinet	12/17-12/23	DC-Paris, France-DC *Paid RT air 12/17-23, Lodging & Food 12/17-20	Y	Y	Y	3 days*
Time Warner	12/20-12/23	Paris, France (lodging & food only)	Y	Y	Y	NA

*3 days with Time Warner

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Charles Hart Taylor
(Full Name)

231 Cannon Building
(Mailing Address)

Washington DC 20515

Daytime Telephone 202-225-6401

Filer Status					
	[X] Member of the U.S. House of Representatives	State NC District 11	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Charles H. Taylor

DATE (Month/Day/Year): 05-15-2000

4720

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-14.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$1,[illegible]
	State of Maryland	Legislative Pension	$[illegible]
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	N/A
	Financial Guaranty Corporation	Spouse Director Fee	N/A
	Financial Guaranty Corporation	Spouse Guaranty Fee	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC JT	*Examples* SP Mega Corp Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Transylvania Tree Farms	$1,000,001 - $5,000,000			
SP	Southeastern Real Estate and Discount Company	$1,000,001 - $5,000,000	Rent	$100,001 - $1,000,000	
	Cedar Creek Farms Partnership, note receivable from Thompson et al	$1,001 - $15,000	Dividends	$5,001 - $15,000	
	Note receivable from Maggie Valley Development Corp	$250,001 - $500,000	Dividends	$5,001 - $15,000	
DC	RFD Old Highway 64, Brevard, NC (house)	$15,001 - $50,000	Rent	$2,501 - $5,000	
JT	Blue Ridge Savings Bank Accounts	$15,001 - $50,000	Interest	$5,001 - $15,000	
SP	Blue Ridge Savings Bank stock	$1,000,001 - $5,000,000	Dividends	$100,001 - $1,000,000	
	Note receivable from Financial Guaranty Corporation	$500,001 - $1,000,000	Interest	$50,001 - $100,000	
	Financial Guaranty Corporation stock	$5,000,001 - $25,000,000	Guaranty fee	$15,001 - $50,000	P

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	McCrae Industries stock	None - $1,000	Dividends	None - $200	
	Monte Vista Corporation Stock	$1,000,001 - $5,000,000		None - $200	
	Riverside Company Estates Partnership, Brevard, NC	$1,001 - $15,000		None - $200	
	Haywood Savings Bank stock, Waynesville, NC	$1,001 - $15,000	Dividends	None - $200	
	Gaybo Company Partnership	$100,001 - $250,000	Capital Gains	$15,001 - $50,000	
	Major Land and Timber Partnership, Haywood County NC	$1,000,001 - $5,000,000		None - $200	
JT	Taylor Family Trust (Farm in Transylvania County NC)	$1,000,001 - $5,000,000		None - $200	
	NC State Employees Pension Fund	$1,001 - $15,000		None - $200	
	IRA Blue Ridge Savings Bank	$1,001 - $15,000	Interest	None - $200	
	Mountain Bank Stock	$1,001 - $15,000	Dividends	None - $200	P
	First Western Bank Stock	$1,001 - $15,000	None	None - $200	
	104 North Liberty Street Asheville NC (house)	$100,001 - $250,000	None		
	Summit Bank stock, Greenville SC	$1,001 - $15,000	Dividends	None - $200	
	BB&T stock	$1,001 - $15,000	Dividends	None - $200	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Financial Guaranty Corporation stock	Purchase	5/13/99	$1,001 - $15,000
	Financial Guaranty Corporation stock	Purchase	6/14/99	$15,001 - $50,000
	Mountain Bank stock	Purchase	3/15/99	$50,001 - $100,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Brevard Savings and Loan	mortgage on RFD Highway 64 (house) Brevard NC	$15,001 - $50,000

4725

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated held during the current calendar year as an officer, director, trustee of an organization, partner proprietor, representative, employee, or consultant of any corporation, firm, partnership or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Board Chairman (UNCOMPENSATED)	Blue Ridge Savings Bank, Asheville, NC
Board Vice Chairman (UNCOMPENSATED)	Financial Guaranty Corporation, ASheville NC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY 18 PM 12:44
HOUSE OF REPRESENTATIVES

MAY 15 2000.
MC
(Office Use Only)

GARY EUGENE TAYLOR (Full Name)

814 N. BEACH BLVD. (Mailing Address)

BAY ST. LOUIS, MS 39520 Daytime Telephone

Filer Status: [x] Member of the U.S. House of Representatives — State MS District 3 [ ] Officer or Employee — Employing Office

Report Type: [x] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [x] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [x]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [ ] No [x]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [x]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [x]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [x]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [x]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [x]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [x]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Gary Taylor	5/15/00

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Name Gary Eugene Taylor	Page 2 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SOUTHERN GRAPHICS	Spouse Commission Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 6:01

LEE R Terry
1728 Longworth
Washington D.C. 20515
(202) 225-4155

HAND DELIVERED
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State NE District 2nd; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income, salaries, or fees of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any nonfederal organization make a direct or indirect payment to you or your spouse for appearances or other work in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset or a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability in excess of $10,000 during the reporting period? **If yes, complete and attach Schedule V** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period in an aggregate amount more than $250 and not otherwise exempt? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding Qualified Blind Trusts approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details about a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION — Have you excluded from this report any other assets, unearned income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lee Terry	5-11-2000

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Name	LEE TERRY	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Law office of Terry Salerno P.C	legal fees owed	36,943.00
	Law office of mike Kratville P.C	Legal fees owed	27,160.00
	U.S. House of Representatives	Salery.	125,009.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E, P
SP, DC, JT	Examples: SP Mega Corp. Stock; Simon & Schuster; 1st Bank of Paducah, KY accounts	Indefinite; X; X	X; X	X; X	
	American Express Stock	X	X	X	
	Coca Cola Stock	X	X	X	
	Fannie Mae Stock	X	X	X	
	First Data Stock	X	X	X	
	Gillette Co. Stock	X	X	X	
	Progressive Corp Stock	X	X	X	

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LEE TERRY

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P S E
	Citigroup Stock				X									X									X									
	MidAmerica Energy Stock			X																NA												
	Pinnacle West Stock			X										X									X									
	Travelers PPTY Cas STK			X										X							X											
	City of Omaha Pension			X																NA												
	Green Hill money MKT				X															NA												
	Woodman Life Ins.			X																NA												
	Level 3 Stock				X															NA												

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SCHEDULE IV — TRANSACTIONS

Name Lee Terry

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–99		X								
	Level 3 Stock	X			4/15/99		X								
	Union Pacific Corp Stock 1/28/99		X		1/28/99		X								
	Union Pacific Resources Stock 1/28/99		X		1/28/99	X									
	The Paid Legal Stock		X		1/28/99	X									
	Note from Lee Terry for Congress	Paid off				X									

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Name Lee Terry | Page 6 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	GREAT WESTERN Security BANK, NE/AZ	Personal Loan. For car		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For Members, officers, and employees

00 MAY 12 PM 2:11

William Marshall Thomas

208 Rayburn House Office Building (202) 225-2915

Washington, DC 20515

MC HAND DELIVERED

(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State CA District 21 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you, your spouse, or a dependent child receive any honoraria in excess of $200 from any source in the reporting period? If yes, complete and attach Schedule I — Yes [X] No [ ]

II. Did you, your spouse, or a dependent child receive any income or gifts to charity, or reimbursements or sponsorships for travel in the reporting period? If yes, complete and attach Schedule II — Yes [X] No [ ]

III. Did you or your spouse, or a dependent child receive any income of more than $200 in the reporting period, or hold any reportable assets worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III — Yes [X] No [ ]

IV. Did you, your spouse, or a dependent child purchase, sell, exchange, or receive any reportable assets in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liabilities in excess of $10,000 during the reporting period? If yes, complete and attach Schedule V — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable income or gifts (i.e., aggregating more than $200) not otherwise exempt? If yes, complete and attach Schedule VI — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel reimbursements for travel in the reporting period (exceeding more than $260 from one source)? If yes, complete and attach Schedule VII — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX — Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS: Did any qualified Blind Trust approved by the Committee on Standards of Official Conduct and certain other excepted trusts need not be included? Have you excluded from this report details about a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION: Have you excluded from this report any information regarding a spouse, former spouse, or dependent child because you allege that you qualify for a legal separation exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person after written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bill Thomas	5/12/00

Name	William M Thomas	Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civ. War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Paul Mellon Estate	spouse salary	NA
Refund of Teacher Retirement STRS California	refund of pension	$ 23,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1999 Aug. 13, 1999	$2,000 $500
American Hospital Association Annual Meeting	Speech	Feb. 1, 1999	$2,000
Association of American Medical Colleges Board Meeting	Speech	Feb. 10, 1999	$2,000
Baker & Hostetler Annual Tax & Budget Policy Seminar	Speech	Feb. 25, 1999	$2,000
American Dietetic Annual Public Policy Workshop	Speech	March 8, 1999	$2,000
Corning Company	Speech	March 25, 1999	$2,000
Federation of American Health Systems annual Convention	Speech	April 20, 1999	$2,000
American HealthCare Association	Speech	June 8, 1999	$2,000
Pharmacia & Upjohn Board of Directors Meeting	Speech	Sept. 2[illegible], 1999	$2,000
Healthcare Leadership Council Membership Meeting	Speech	Sept. 21, 1999	$ 500
The Tax Council annual Meeting	Speech	Oct. 6, 1999	$ 500

This page may be copied if more space is required.

Name William M. Thomas | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP	Mega Corp Stock					X								X										X								
DC. *Examples*	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah KY accounts						X									X										X						
	1/4 interest on 15836 Mt. View, Nevada City				X										X								X									

For additional assets and unearned income, use next page.

Name William M. Thomas | Page 4 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–99		X								
	Refund of Teacher Retirement STRS California	refund		--	4/26/99		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	NA											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C. – Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6-13	Wash., D.C.—Los Angeles- Cleveland	Y	Y	Y	4 Days
grant from Commonwealth Fund to Harvard University	Jan 21-23, 1999	Wash, D.C - Aventura, FL - Wash, D.C.	Y	Y	N	N
Aspen Institute	March 19-20, 1999	Wash, D.C. - Hershey, PA - Wash, D.C.	Y	Y	N	N
PhRMA	March 28-29, 1999	Wash, D.C. - Boca Raton, FL - Wash, D.C.	Y	Y	N	N
Northwestern Memorial Hospital	April 4-5 1999	Wash, D.C. - Chicago, IL - Wash, D.C.	Y	Y	N	N
Business Government Relations Council	Oct 16, 1999	Wash,DC - Williamsburg, VA - Wash, D.C.	N	N	N	N

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Name William M. Thomas	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions (compensated or uncompensated) held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Member of Board	American Council of Young Political Leaders (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1974	Kern Community College District	on leave without pay; NOTE: requested cancellation of agreement on April 26, 1999

GPO:2000—62-750(copy)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

RECEIVED
00 MAY 11 PM 5:38

Bennie G. Thompson
(Full Name)

1031 C. Turner Circle
(Mailing Address)
Bolton MS 39041

Daytime Telephone
202-225-5876

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State MS District 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [X] No [ ]
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? — Yes [ ] No [X]
If yes, complete and attach Schedule VI

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? — Yes [ ] No [X]
If yes, complete and attach Schedule VII

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [ ] No [X]
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes [ ] No [X]
If yes, complete and attach Schedule IX

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding Qualified Blind Trusts approved by the Committee on Standards of Official Conduct and certain other excepted trusts need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION- Have you excluded from this report any other assets, unearned income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 104 and 18 U.S.C. 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		05/11/00

4743

Name Bennie G. Thompson . Page of

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$10,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Hinds County Schools	Spouse Salary	NA
Town of Bolton Development Corporation	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Name Renee G. Thompson | Page of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s), (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is no longer held, but has generated income, the value should be zero.	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S) or exchanged(E) in reporting year.
SP, DC, JT *Examples* SP	Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Jackson Federal Credit Union	$1,001 - $15,000	Interest	$1 - $200	NA
SP	Jackson Federal Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	NA
DC	Jackson Federal Credit Union	$1,001 - $15,000	Interest	$1 - $200	NA
SP	Union Planters (Formerly Magnolia Federal)	$50,001 - $100,000	Interest	$1,001 - $2,500	NA
	Mississippi State Retirement Plan	$50,001 - $100,000	Excepted Trust	None	NA
SP	Mississippi State Retirement Plan	$50,001 - $100,000	Excepted Trust	None	NA
SP	Mississippi Deferred Compensation Plan	$15,001 - $50,000	Excepted Trust	None	NA

Name Bennie G. Thompson | Page of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	The Pension Board NY NY	$15,001 - $50,000	Excepted Trust	None	NA
SP	Valic Annuity Plan	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
SP	Equitable Annuity Plan	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
	Congressional Federal Credit Union	$50,001 - $100,000	Interest	$201 - $1,000	NA
JT	Union Planters (Formerly Magnolia Bancorp) Stock	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
JT	Lot 104 L.C. Turner Circle Bolton, MS	$1,001 - $15,000	Capital Gains	None	NA
JT	Lot 105 L.C. Turner Circle Bolton, MS	$1,001 - $15,000	Capital Gains	None	NA
JT	Lot Pearl Street Bolton, MS	$1,001 - $15,000	Capital Gains	None	NA
	Dwelling 212 Slemon Street Bolton, MS	$50,001 - $100,000	Capital Gains	None	NA
	2 Acres Northside Drive Bolton, MS	$1,001 - $15,000	Capital Gains	None	NA
	1 Acre Old Lorman Road Edwards, MS	$1,001 - $15,000	Capital Gains	None	NA
	1 Acre Mount Olive Road Bolton, MS	$1,001 - $15,000	Capital Gains	None	NA
JT	4848 Briney Jackson, MS	$50,001 - $100,000	Rent	$2,501 - $5,000	NA
JT	4257 Johnson Ct. Jackson, MS	$50,001 - $100,000	Rent	$2,501 - $5,000	NA
JT	Chalet Village Apt. Jackson, MS	$500,001 - $1,000,000	Rent	$100,001 - $1,000,000	NA
	West Capitol Jackson, MS	$100,001 - $250,000	Rent	$15,001 - $50,000	NA
SP	First American Bank Jackson, MS	$15,001 - $50,000	Interest	$201 - $1,000	NA
	Thrift Saving Plan	$50,001 - $100,000	Excepted Trust	$1,001 - $2,500	NA

Name Bernie G. Thompson Page of

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture or appliances, and liabilities spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
H	Deposit Guaranty National Bank, MS	Mortgage: Chalet Village	$50,001 - $100,000
	Trustmark National Bank, MS	Mortgage: Capitol Street	$50,001 - $100,000

Name Bennie G. Thompson Page of

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
President	BLB Properties
Sole Proprietor	Chalet Village Apartments
Trustee	Tougaloo College Board of Trustee
Board Member	Tougaloo College Economic Development Crop
Board Member	Housing Assistance Council
Board Member	Board of Governor-Democratic Club

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 6:46

HAND DELIVERED

MC (Office Use Only)

Mike Thompson (Full Name)

413 A Street SE (Mailing Address)

Washington DC 20003

Daytime Telephone 202-225-3311

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 01	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mike Thompson	May 15, 2000

4749

Name Mike Thompson	Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary	$135,813.46
	Doctors Friedman & Kapjian & Assoc.	Spouse Salary	NA
	George Washington University Hospital	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Mike Thompson

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset (at close of reporting year)

If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E, P
SP	Examples: SP Mega Corp Stock					X								X																	
DC	Examples: Simon & Schuster			Indefinite																Royalties									X		
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X						
JT	1/2 ownership, 1435/1439 Kearney St., St. Helena, CA							X							X											X					
JT	20% Interest, Travis Webb (Gen'l Partnership) 1590 Webster, Fairfield, CA					X									X	X										X					
JT	Parcel 17-100-24, Colusa Co., CA						X								X									X							
JT	Pfizer Ins.			X										X								X									
JT	Wal Mart Stores, Inc.			X										X								X									

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Mike Thompson

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P S E
JT	Johnson & Johnson (formerly Centocor Pharmacy)			X										X								X										
JT	Coca Cola			X										X								X										
JT	Exxon Corp.			X										X								X										
JT	General Electric			X										X								X										
JT	Newscorp Limited			X										X								X										
JT	Beringer Wine				X									X							X											
JT	6-Rivers National Bank			X										X							X											
JT	Napa National Bank			X										X								X										
JT	Microelectric Pkg (now called MNTZ)		X											X							X											
JT	Ecolab Inc.			X										X								X										
JT	CBS Corp.			X										X								X										
JT	Golden One Credit Union	X														X																
JT	Napa National Bank				X											X																
JT	Wells Fargo Bank			X												X						X										
JT	Silverado Credit Union					X										X							X									
SP	Adventist Health Care Retirement Plan				X									X							X											
	Insuitance Investment Fund Plus				X									X							X											
	S&P 500 Equity Index				X									X							X											
	Vanguard Wellington				X									X							X											
JT	American High Inc.		X											X			X					X										
JT	Euro Pacific Growth			X										X			X						X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mike Thompson | Page [illegible] of [illegible]

SP. DC. JT.	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: Type	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction (P, S, E)
J	Fundamental Invest.				X									X			X							X								
J	Income Fund of America			X										X			X															
J	New Perspective Fund				X									X			X						X									
J	Washington Mutual Inv. Fund				X									X			X															
J	Small Cap World Fund			X										X			X						X									
J	Starbucks			X										X							X											

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SCHEDULE IV — TRANSACTIONS

Name Mike Thompson | Page 2 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
H	311 A Street SE, Washington, DC	X			2-3-99					X					

This page may be copied if more space is required

Name	Page 6 of 8
Mike Thompson	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St. Dover, De				x						
JT	Napa National Bank, Napa, CA	Mortgage on 1435/14th Learney Stea St., Helena, CA			x							
JT	Continental Bank, Fairfield, CA	Mortgage on Travis Webb, 1590 Webster, Fairfield, CA			x							
JT	Napa National Bank, Napa, CA (mortgage was paid off during year)	Mortgage on 120 Audubon Cir., Sacramento, CA				x						
JT	Federal Land Bank of Colusa, Colusa, CA	Mortgage on Parcel 17-100-24			x							
JT	Bank of America, Washington, DC	Mortgage on 413 A Street SE, Washington, DC				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship, received from Committee on Standards)	$250

Use additional sheets if more space is required

Name Mike Thompson	Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6-13	Wash., D.C.—Los Angelos—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	Aug. 25-Sept. 2	Wash., D.C.--Israel--Wash., D.C.	Y	Y	Y	None
	Ducks Unlimited	Oct. 8-Oct. 12	Wash., D.C.--Alberta, Canada--Wash., D.C.	Y	Y	N	Yes

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude. Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
General Partner	Travis Webb General Partnership, 5184 Gordon Valley Road, Sonsun, CA (Travis Webb is name of partnership)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

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UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

William McClellan Thornberry
(Full Name)

131 Cannon House Office Building
(Mailing Address)
Washington DC 20515-4313

Daytime Telephone
202-225-3706

Filer Status	[X] Member of the U S House of Representatives	State TX District 13	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [X] No [ ]
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule V.

V. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? — Yes [ ] No [X]
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? — Yes [ ] No [X]
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [X] No [ ]
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes [ ] No [X]
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	William M. Thornberry	May 12, 2000

4758

Name William McClellan Thornberry	Page of

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Embassy of Switzerland	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name William McClellan Thornberry Page of

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples : Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1999 Aug. 13, 1999	$2,000 $ 500
Midwestern State University -- See attached	Speech	May 14, 1999	$2,000.00

Name William McClellan Thornberry	Page of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT) in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	1/3 ownership -- Thornberry Brothers Cattle Partnership -- Clarendon, Texas	$100,001 - $250,000	Partnership Income	$5,001 - $15,000	

Name William McClellan Thornberry	Page of

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year

SP,DC,JT	Creditor Example: First Bank of Wilmington, Delaware	Type of Liability Mortgage on 123 Main St., Dover, Del.	Amount of Liability $100,001 - $250,000
	Amarillo National Bank -- Thornberry Brothers	Cattle loan	$50,001 - $100,000
	First National Bank of Amarillo	Personal loan	$10,001 - $15,000
	Hunsekar Trust of Albuquerque, New Mexico -- Thornberry Brothers	Real estate mortgage	$50,001 - $100,000

Name: William McClellan Thornberry	Page of

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Partner	Thornberry Brothers Cattle -- Clarendon, Texas

MIDWESTERN STATE UNIVERSITY

OFFICE OF THE PRESIDENT (940) 397-4211
3410 TAFT BOULEVARD WICHITA FALLS, TEXAS 76308-2099
fax: (940) 397-4010 e-mail: president@nexus.mwsu.edu

May 14, 1999

The Honorable Mac Thornberry
U. S. House of Representatives
Washington, D.C.

Dear Congressman Thornberry:

I am pleased to inform you that $2,000 will be made available for a scholarship which will be given to a deserving Midwestern State University student in your honor in the 1999-2000 academic year. These scholarship funds are in recognition of your agreeing to serve as our May 1999 Commencement speaker.

Thank you again for joining us on this fine occasion. Please know that a worthy student will be assisted greatly through this scholarship in your name.

Sincerely,

Louis J. Rodriguez
President

dlb

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

JOHN R. THUNE (Full Name)
2612 S. Princeton (Mailing Address)
SIOUX FALLS, SD 57106
Daytime Telephone (202) 225-2801

HAND DELIVERED (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State SD District AL	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J. R. Thune	5/15/00

4765

Name John Thune	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Evangelical Free Church, Sioux Falls	Spouse Speech	$250
Community Bible Church, Pierre	" "	50
Ethan Church, Ethan	" "	50

For payments to charity in lieu of honoraria, use Schedule II.

Name John Thune	Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1999 Aug. 13, 1999	$2,000 $500
Omaha Citizens Committee Contributed to the Banquet in Sioux Falls.	Speech	April 2, 1999	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Thune | Page 4 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B		Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
	SDRS (State Citizens)					X											X							X									P/REINVEST
	Fidelity Magellan (IRA)						X								X			X								X							P/REINVEST
JT	Voyageur NAT INSURED																X	X															SOLD
JT	Pioneer II (IRA)														X			X															SOLD
JT	Seligman Fund				X										X			X						X									P/REINVEST
JT	ICA (IRA)				X										X			X						X									P/REINVEST

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN THUNE

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	NORWEST CHECKING			X												X						X										
JT	Corp. FED. CREDIT Union			X												X						X										
JT	Staff West Securities MM				X									X		X								X								P, S

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SCHEDULE IV — TRANSACTIONS

Name JOHN THUNE

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
JT	BOUGHT QQQ	X			3/24/99	X									
JT	SOLD QQQ		X		3/31/99	X									
JT	BOUGHT QQQ	X			4/19/99	X									
JT	SOLD QQQ		X		4/22/99	X									
JT	BOUGHT DELL	X			6/10/99	X									
JT	SOLD DELL		X		6/24/99	X									
JT	SOLD VOYAGUER NAT INSURED		X		3/16/99	X									
JT	SOLD PIONEER II IRA		X		3/16/99	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash. D.C.—Chicago—Wash. D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash. D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	OMAHA CITIZENS COMMITTEE	APRIL 1-4	SF, SD - OMAHA - SF, SD	Y	Y	Y	2 Days
	SIOUX VALLEY HOSPITALS & HEALTH SYSTEM	APRIL 7-9	SF, SD - FT LAUDERDALE	Y	Y	Y	N
	ASSOC. OF AMERICAN RAILROADS	April 9-12	FT LAUDERDALE - PALM BEACH - WASHINGTON, DC	Y	Y	Y	N
	NRCC	JUNE 11-13	WASHINGTON, DC - OMAHA - WASHINGTON, DC	N	N	N	2 days

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Karen Thurman
(Full Name)

9067 SW 190th Avenue Road
(Mailing Address)

Daytime Telephone
202 225 1002

Dunnellon FL 34432

Filer Status					
	[X] Member of the U S House of Representatives	State FL District 05	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)		[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule I.

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule II.

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [X] No [ ]
If yes, complete and attach Schedule III.

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule IV.

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule V.

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? — Yes [ ] No [X]
If yes, complete and attach Schedule VI.

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VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [X] No [ ]
If yes, complete and attach Schedule VIII.

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If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

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CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Karen L. Thurman	5-11-00

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Florida	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	IRA-Midstate Federal	$1,001 - $15,000	NA	NA	
SP	IRA Midstate Federal	$1,001 - $15,000	NA	NA	
SP	Deferred Compensation State of FL-Aetna Insurance	$50,001 - $100,000	NA	None	
SP	SunBank --Dunnellon, FL	$1 - $1,000	NA	None	
	Dunnellon Savings Bank	$1 - $1,000	na	None	
DC	FL Prepaid Tuition Program (Two Accounts)	$1,001 - $15,000	NA	None	

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Wright-Patman CFCU	$1 - $1,000	Interest	$1 - $200	
4411 SW 34th St, Gainesville, FL	$15,001 - $50,000	Rent	$1,001 - $2,500	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Northwest Bank, Brooksville, FL	Mortgage on 4411 SW 34th Street, Gainesville, FL	$15,001 - $50,000
	Homeside Lending	1/3 Guarantor on loan	$10,001 - $15,000
SP	NBNA	Revolving Charge Account	$10,001 - $15,000
	Wright-Patman FCU	Revolving Charge Account	$10,001 - $15,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Members- Board of Directors (unpaid)	Florida Future of America Foundation

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SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1982	Marion County School Board	Leave of absence during period of government service

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

William Todd Tiahrt
(Full Name)

428 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-6216

Filer Status	[X] Member of the U S House of Representatives	State KS District 04	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S.C app. 4, 104 and 18 U S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Wm Todd Tiahrt	5/15/00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples* SP	Mega Corp. Stock 123 Main St. Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Dean Witter Acct AT&T Corporation	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Dean Witter Acct Boeing Corporation	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Dean Witter Acct Lucent Technologies	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Dean Witter Acct Raytheon Co	$1,001 - $15,000	Dividends	$201 - $1,000	P
JT	Dean Witter Acct Wal Mart Stores Inc	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Dean Witter Acct Unit MSDW Select Equity Trust Competitive Edge Oct 1998	None	Dividends	$1 - $200	E

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Dean Witter Acct Unit MSDW Select Equity Trust Competitive Edge Oct 1999	$1,001 - $15,000	Dividends	$1 - $200	E
JT	Dean Witter Acct Money Market, Active Assets Money Trust	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	KPERS Kansas Public Employees Retirement System	None	Interest	NA	S
	Dean Witter Acct CISCO Systems Inc	$1,001 - $15,000	Dividends	NA	P
	Boeing Financial Security Plan	$15,001 - $50,000	Dividends	NA	NA
	Boeing Voluntary Investment Plan	$100,001 - $250,000	Capital Gains and Dividends	NA	NA
JT	Intrust Bank Interest Checking (Now Acct)	$1,001 - $15,000	Interest	$1 - $200	NA
JT	Intrust Bank Savings Acct (Money Market)	$1,001 - $15,000	Interest	$1 - $200	NA
	Boeing Credit Union (under threshold in 1999)	$1 - $1,000	Interest	None	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	Raytheon Co	Purchase	10/15/99	$1,001 - $15,000
JT	Unit MSDW Select Equity Trust Competitive Edge Oct 1998	Exchange	10/22/99	$1,001 - $15,000
JT	Unit MSDW Select Equity Trust Competitive Edge Oct 1999	Exchange	10/22/99	$1,001 - $15,000
	KPERS Kansas Public Employees Retirement System	Sold	7/19/99	$1,001 - $15,000
	Cisco Systems Inc	Purchase	8/27/99	$1,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The De Burght Foundation	Jan 23-27	Washington DC - London - Washington DC	Y	Y	Y	No
The Aspen Institute	March 19 - 21	Washington DC - Hershey, PA - Washington DC	Y	Y	N	No
Human Life International	April 8, 9	Washington DC - Toronto - Washington DC	Y	Y	N	No
American Osteopathic Heathcare Association	April 24, 25	Washington DC - Chicago - Washington DC	Y	Y	N	No

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

John F. Tierney
(Full Name)

120 Cannon
(Mailing Address)

Washington DC 20515

Daytime Telephone (202) 225-8020

Filer Status	X	Member of the U S House of Representatives	State MA District 06	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

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CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John F. Tierney	5/15/00

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	Talk Realty Trust (1/4 interest), 133 Washington St., Salem, MA 01970	$100,001 - $250,000	Rent	$5,001 - $15,000	
	Emanon Trust (1/8 interest), N. Pine St., Salem, MA 01970	$15,001 - $50,000	Rent	None	
	Personal Promissary Notes (not interest bearing)	$50,001 - $100,000	None	None	
	SB/IRA-Money Funds Gov't Port C1A	$1,001 - $15,000	Interest	$1 - $200	
	SB/IRA-RES FDG Corp Fed Book	$1,001 - $15,000	Capital Gains	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	SB/IRA-STRIPS-TINT US Treasury	$1,001 - $15,000	Capital Gains	$1 - $200	
	SB/IRA-STRIPS-TINT US Treasury	$1,001 - $15,000	Capital Gains	$1 - $200	
	SB/IRA-CATS PRIN-SER R-PRIN PMT ONN	$1,001 - $15,000	Capital Gains	$1 - $200	
	SB/IRA-STRIPS-TINT US Treasury	$1,001 - $15,000	Dividends	$1 - $200	
	SB/IRA-Growth & Income Fund CL B	$1,001 - $15,000	Capital Gains	$201 - $1,000	
	SB/IRA-Growth & Income Fund CL A	$15,001 - $50,000	Capital Gains	$2,501 - $5,000	
JT	GTE Corp. Stock	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
JT	Chase Capital IV CUM PFD Stock	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Wright Patman Federal Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	
	Eastern Bank	$1 - $1,000	Interest	$1 - $200	
SP	Wright Medical Tech. Inc. Shares	None	NA	None	
SP	Resolution Trust - bene.	None	Excepted Trust	None	
SP	N.E.T. Inv. Trust - bene.	None	Excepted Trust	None	S
JT	SB Money Funds Cash Port CL A	$100,001 - $250,000	Interest	$5,001 - $15,000	
JT	Freeport McMoran Copper & Gold Stock	$1,001 - $15,000	Dividends	$1,001 - $2,500	
JT	Mass. St. Water Pollution Municipal Bond	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	Mass. St. Port Auth Rev. Municipal Bond	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	Compaq Computer Inc.	$15,001 - $50,000	Capital Gains	$1 - $200	P
JT	Walt Disney Co.	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Cisco Sys. Inc.	$15,001 - $50,000	Capital Gains	$1,001 - $2,500	P
JT	Cisco Sys. Inc.	None	Capital Gains	$5,001 - $15,000	P AND S
JT	Mass. St. Cons Ln Bonds	$15,001 - $50,000	Interest	$1,001 - $2,500	P
JT	Mass. St. Cons Ln Bonds	$1,001 - $15,000	Interest	$201 - $1,000	P
JT	Georgia Power Capital III	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Hussman Int'l Stock	None	Capital Gains and Dividends	$1 - $200	S
JT	Nike Inc. Stock	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
JT	Texeco Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
JT	AETNA Inc. 6.25% Pfd Conv Shr	None	Capital Gains and Dividends	None	S
JT	AETNA Inc. 6.25% Pfd Conv Shr	None	Capital Gains and Dividends	$1,001 - $2,500	S
JT	Motorola Corp Stock	None	Capital Gains and Dividends	$1 - $200	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example. Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	Cisco Sys Inc	Purchase	8-24-99	$1,001 - $15,000
JT	Compaq Comp Inc	Purchase	8-24-99	$1,001 - $15,000
JT	Mass St Cons Ln Bonds	Purchase	8-24-99	$1,001 - $15,000
JT	Cisco Sys Inc	Sold	1-14-99	$15,001 - $50,000
JT	Motorola	Sold	8-24-99	$15,001 - $50,000
JT	AETNA Inc	Sold	12-29-99	$1,001 - $15,000
JT	Cisco Sys Inc	Purchase	8-23-99	$1,001 - $15,000
JT	Compaq Comp Inc	Purchase	8-23-99	$1,001 - $15,000
JT	Walt Disney Co	Purchase	8-23-99	$1,001 - $15,000
JT	Mass St Cons Ln Bonds	Purchase	8-23-99	$15,001 - $50,000
JT	Cisco Sys Inc	Sold	1-14-99	$15,001 - $50,000
JT	Hussman Intl Inc	Sold	12-29-99	$1,001 - $15,000
JT	AETNA Inc	Sold	12-29-99	$1,001 - $15,000
SP	NET Inv Trust - bene	Sold	1-26-99	$100,001 - $250,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Eastern Bank, Salem/Lynn, MA (1/4)	Mortgage, 133 Washington St. Salem, MA	$15,001 - $50,000
	Heritage Co-op Bank, Salem, MA (1/8)	Mortgage, Emanon Trust Property	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Israel Education Foundation	8/25/99 - 9/2/99	Boston-Israel-Boston	Y	Y	Y	none

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Member, Board of Directors	Salem State College Alumni Association

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 5:59

PATRICK J. TOOMEY
(Full Name)
2336 FOX MEADOW DR
(Mailing Address)
ALLENTOWN PA 18104
Daytime Telephone 202-225-6411

HAND DELIVERED
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State PA District 15 [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Pat Toomey	5/15/00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction
SP	Mega Corp. Stock					X								X										X						X			P
DC	Simon & Schuster				Indefinite															Royalties													S
JT	1st Bank of Paducah KY accounts						X									X										X							F
	FIRST UNION ACCOUNTS			X												X						X											
	SALOMONSMITHBARNEY, CASH ACCTS					X																			X								
	GOVERNMENT BONDS (2/00)	X														X							X										S
	GOVERNMENT BONDS (6/01)	X														X								X									P, S
	BSCH FIN LTD NON CUM PEF				X											X								X									P
	PARTNERRE LTD CUM PEF				X											X								X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Patrick Toomey

BLOCK A Asset and/or Income Source (SP, DC, JT)	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
CADBURY SCHWEPPS PFD				X											X								X								P
CON. EDISON PFD				X											X							X									
PACIFIC TEL. CUM PFD				X											X								X								
LEHMAN BROS. HLDGS NOTE				X											X							X									P, S
NUVEEN PA MUN	X														X							X									S
BLACKROCK MUN	X														X							X									S
MAINSTAY HI-YLD CORP BD FD					X										X								X								
ELI LILLY STOCK			X													X					X										
TEXAS INSTRUMENTS				X												X					X										
TRAVELERS PROP. STOCK			X													X					X										
~~SELIG~~ SELIGMAN COM. D FD				X												X				X											
SELIGMAN CUM B FND				X												X				Y											
MERRILL LYNCH CASH						X									X								X								
ADP STOCK				X												X						X									
DELPHI AUTOMOTIVE SYS			X													X					X										
GENERAL ELECTRIC				X												X					X										
GENERAL MOTORS				X												X						X									
JOHN HANCOCK FIN. IND FD				X												X				X											
JOHN HANCOCK REG BK FD				X												X						X									
M.L. LATIN AM. MUT FD				X												X					X										
PUTNAM HEALTH MUT FD			X													X				Y											
ROCKIN' ROBIN'S INC LOAN							X								X					X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Patrick Toomey

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	TILLMAN ST ENTERMAIN. LOAN						X									X					X											
	TILLMAN ST ENTERMAIN. STOCK				X									X			X										X					
	ROOKIE'S REST LANC. LOAN							X								X					X											
	ROOKIE'S REST LANC. STOCK				X									X			X				X											
	SOUTHEAST ASIA FRONTIER FD			X													X				X											

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SCHEDULE IV — TRANSACTIONS

Name Patrick Toomey

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-99		X								
	GOVERNMENT BONDS (2/00)		X		7/1/99		X								
	GOVERNMENT BONDS (6/01)	X			7/1/99				X						
	GOVERNMENT BONDS (6/01)		X		10/5/99				X						
	BSCH FIN. LTD NON CUM PFD	X			7/1/99		X								
	CADBURY SCHWEPPES CUM PFD	X			7/1/99	X									
	LEHMAN BROS HOLDINGS NOTE	X			8/3/99		X								
	LEHMAN BROS HOLDINGS NOTE		X		10/8/99		X								
	NUVEEN PA MUN		X		7/2/99		X								
	BLACKROCK MUN		X		7/6/99		X								
	MAINSTAY HI-YLD CORP BOND FUND	X			8/13/99		X								
	NTN COMM. STOCK		X		1/13/99	X									
	FORD MOTORS STOCK		X		1/13/99		X								
	ASSOC. 1ST CAP		X		1/13/99	X									
	ATMEL		X		1/13/99	X									
	ENSCO		X		1/13/99	X									
	INTEL		X		1/13/99	X									

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	BANK OF N.Y. STOCK		X		4/14/99		X								
	COMCAST CORP		X		4/14/99		X								
	ORACLE CORP		X		4/14/99	X									
	ML GROWTH FUND		X		4/14/99	X									
	ML PHOENIX FUND		X		4/14/99	X									
	ML PHOENIX FUND		X		4/23/99	X									
	DAVIS NY VENTURE FUND		X		4/14/99	X									
	PRICE WATERHOUSE RETIRE. FUND		X		9/30/99			X							
	~~SOUTHEAST ASIA FRONTIER FUND~~														
	DECATUR INC. MUT. FUND		X		9/30/99		X								
	DEL CAP/I MUT. FUND		X		9/30/99		X								
	INT'L EQUITY MUT. FUND		X		9/30/99	X									
	AM. CENT. GLOB. GOLD FUND		X		9/30/99	X									
	AM. CENT. CAP. PRES. FUND		X		9/30/99		X								
	MELLON BANK STOCK		X		4/14/99		X								

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	8/17-25/00	Philadelphia - Tel Aviv - Philadelphia	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
TRUSTEE	ALLENTOWN YMCA + YWCA
DIRECTOR	TOOMEY ENTERPRISES, INC., ALLENTOWN PA
DIRECTOR	TILGHMAN ST ENTERTAINMENT, INC., ALLENTOWN, PA
DIRECTOR	TILGHMAN ST PROPERTIES, INC., ALLENTOWN, PA
DIRECTOR	ROCKIE'S RESTAURANT LANCASTER, INC, LANCASTER, PA
BOARD OF ASSOCIATES	MUHLENBERG COLLEGE, ALLENTOWN, PA
EXECUTIVE COMMITTEE	MINSI TRAIL'S COUNCIL, BOY SCOUTS OF AMERICA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

MC

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	8/17-25/99	Philly - Tel Aviv - Philly	Y	Y	Y	N
	The Aspen Institute	3/19-20/99	Wash DC - Hershey, PA Allentown PA	Y	Y	Y	N

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HAND DELIVERED
00 MAY 15 PM 6:20
RECEIVED
CENTER

4800

LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 5:48

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

(9)
HAND DELIVERED
(Office Use Only)

Edolphus Towns
(Full Name)

286 Highland Boulevard
(Mailing Address)

Brooklyn, New York 11207

Daytime Telephone (202) 225-5936

Filer Status	[ ] Member of the U S House of Representatives — State New York District 10	[ ] Officer or Employee — Employing Office
Report Type	[x] Annual (May 15) [ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [x]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app. 4, § 104 and 18 U S C §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	E Towns	5/15/00

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Name	Page ___ of ___
E. Towns	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Interfaith Medical Center	Spouse Salary	NA
	New York City Board of Education	Spouse Pension	NA
	Christian Faith Church	Approved Religious Service	$500
	St. Luke's Church	" " "	$500
	Whiteville Baptist Church	" " "	$200
	Mt. Sinai Baptist Church	" " "	$200

For payments to charity in lieu of honoraria, use Schedule II.

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Name E. Towns	Page of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1999 Aug. 13, 1999	$2,000 $500
Connell Co.	Speech	June 11,1999	$2000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: E. Towns

Page 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Trans. Indica asset purch (P), sc or excha (E) in report year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000
SP	Mega Corp Stock					X								X										X							
Examples:	Simon & Schuster			Indefinite																Royalties									X		
	1st Bank of Paducah, KY accounts						X									X										X					
	Prudential Insurance			X										X									X								
	Mutual of America			X												X							X								
	NY Municipal Bond Fund			X										X		X							X								
	Wright-Patman FCU			X										X									X								
	East NY Savings Bank			X												X							X								
	National Westminister	Bk.		X												X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name E. Towns

Page 5 of

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK Transac P. S. E
	Queens County Savings Bank (formerly Republic National Bank of NY)				X											X							X									

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Name E. Towns

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Countrywide Home Loan, Texas	Mort. on 4304 Hawksnest ~~Lutz, FL.~~				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

None

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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Name	Page of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Brookdale Medical Center
Board Member	Wyckoff Hospital

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

GPO 2000 62 753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
00 MAY 15 PM 6:28

James A. Traficant, Jr.
(Full Name)

428 Main Street
(Mailing Address)

330 743-1914
Daytime Telephone

Poland, OH 44514

HAND DELIVERED

Filer Status: [X] Member of the U.S. House of Representatives — State OHIO District 17 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (e.g., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-15-00

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Name JAMES A. TRAFICANT JR.	Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
2E Image Styling Salon	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash , D C	Speech	Feb 2, 1999	$2 000
XYZ Magazine	Article	Aug 13, 1999	$500
NONE			

This page may be copied if more space is required.

Name JAMES A. TRAFICANT JR. | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset (at close of reporting year)

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A	Block B	Block C	Block D	Block E
SP Mega Corp. Stock	F: X	INTEREST: X	Other Type of Income: Royalties	P
DC Examples: Simon & Schuster	indefinite			
JT 1st Bank of Paducah KY accounts	F: X	DIVIDENDS: X		
SP GAS WELLS	E: X		Other Type of Income: GAS	
ACETO COAL STOCK	B: X	DIVIDENDS: X		
CONG FED CREDIT UNION	C: X	INTEREST: X		
LOT #24 MATTHEWS RD	D: X		Other Type of Income: NONE	I: X

Block B	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000
Block D	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000
Block C	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example: Partnership Income, Farm Income, Royalties)				

SP GAS WELLS — E; Other Type of Income: GAS; Block D: III

SP ACETO COAL STOCK — B; DIVIDENDS; Block D: II

DC CONG FED CREDIT UNION — C; INTEREST; Block D: II

JT LOT #24 MATTHEWS RD — D; Other Type of Income: NONE; Block D: I

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For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES A. TRAFICANT, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	NONE																																

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SCHEDULE IV — TRANSACTIONS

Name JAMES A. TRAFICANT, JR | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	NONE														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	IRS	TAX PAYMENT		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
TRUSTEE	EVENING OF MUSIC, INC.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

2000 MAY 15 PM 3:19
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Jones (Jim) William Turner
(Filer)

203 Gordon Drive
(Mailing Address)
Gainesville, 75835

Daytime Telephone: 405 574 8674

Filer Status	[X] Member of the U.S. House of Representatives	State District	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete, and correct to the best of my knowledge and belief.	Jim Turner	May 15, 2000

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Name	Jim Turner	Page 1 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Texas Employee Retirement System	pension	$28,[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

Name Jim Turner	Page 2 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
(none)			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP	Mega Corp. Stock	E	DIVIDENDS	V	P
DC	Examples: Simon & Schuster	Indefinite	INTEREST		
JT	1st Bank of Paducah, KY accounts	F	INTEREST	VI	
	Turner Industrial Trust Inc. Crockett Tx	F	DIVIDENDS	I	
	Citizens National Bank stock Crockett Tx	D	DIVIDENDS	VI	
	US Treasury Series E Bonds	E	INTEREST	VI	
	3.7 ac Marler Survey, Crockett	G	RENT	VII	
	603 L Grand & personal property Crockett Tx	F	RENT	IX	
	Lot, Trees and Sub, Alice Tx	F		I	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [illegible]

Page 4 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Duplex Homestead Dr Crockett					X									X										X						
	301 [illegible]							X							X								X								
	335 [illegible]							X							X								X								
	Hughes [illegible]				X																			X							
SP	Merrill Lynch [illegible]	X												X									X								
	Merrill Lynch [illegible]	X												X									X								
	Rock Oak [illegible]	X														X							X								
	Congressional Fed Credit Union				X											X							X								
	T D Waterhouse [illegible]					X								X		X							X								
SP	T D Waterhouse Money Mkt Acct						X							X											X						
SP	2000 [illegible] Computer			X										X							X										P
SP	Bowing Capital Bonds						X									X									X						
SP	Investment [illegible] Fund			X													X						X								
SP	T Rowe Price Trust Fund				X												X									X					
	T D Waterhouse [illegible]							X								X										X					P
	First Nat [illegible] Crockett Conductor				X											X							X								
	2000 Sharp Dell computer			X										X							X										P

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SCHEDULE IV — TRANSACTIONS

Name Jim Turner

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	Daimler Chrysler Stock	X	X		2-16-99 7-6-99	X									
	AT&T stock	X	X		1-19-99 2-5-99	X									
	America Online		X		2-[illegible]	X									
	America Online	X	X		2-16-99 7-6-99	X									
	Applied Materials	X	X		2-16-99 7-6-99	X									
	At Home Corp	X	X		1-26-99 2-5-99	X									
	Bank One	X	X		1-22-99 2-5-99	X									
	Cisco	X	X		2-16-99 7-6-99	X									
	Compaq	X	X		2-16-99 7-6-99	X									
	Computer Sciences		X		2-5-99	X									
	Dayton Hudson	X	X		2-16-99 7-6-99	X									
	Dell Computer	X	X		2-16-99 7-6-99	X									
	Doubleclick	X	X		1-21-99 2-5-99	X									
	Egghead.com	X	X		2-16-99 7-6-99	X									
	Federated Dept Stores	X	X		2-16-99 7-6-99	X									
	Gateway		X		2-5-99	X									

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–99		X								
	General Electric		X		2-5-99	X									
	Health Management		X		1-21-99	X									
	Hewlett Packard	X	X		2-16-99 7-6-99	X									
	Intel	X	X		2-16-99 7-6-99	X									
	Lockheed Martin	X	X		2-16-99 7-6-99	X									
	Lucent Tech	X	X		1-22-99 2-9-99	X									
	MCI Worldcom	X	X		2-16-99 7-6-99	X									
	Microsoft	X	X		1-26-99 2-5-99	X									
	Nokia		X		2-5-99	X									
	SBC Communications		X		2-5-99	X									
	Sun Microsystems	X	X		2-6-99 7-6-99	X									
	Walmart	X	X		2-16-99 7-6-99	X									
SP	Goto.com	X	X		7-2-99 7-9-99	X									
SP	Baker Hughes		X		12-30-99	X									
SP	Crescent Equities		X		12-30-99	X									
SP	Enron Int'l		X		1-[illegible]	X									

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SCHEDULE IV — TRANSACTIONS

Name [illegible]

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
SP	Invesco Sector Fund	X				X									
SP	T. Rowe Price Technology Fund	X					X								
	TD Waterhouse Money Market Fund	X								X					
	200 shares Dell Computer	X				X									
SP	200 shares Dell computer	X				X									

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Name	Page 8 of 13

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
			None				

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Name Jim Turner	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Vice-President	Turner Hdw & Const Inc Crockett Texas

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
	(None)	

GPO 2000 62 751 (mac)

Use additional sheets if more space is required

4828

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MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Mark Emery Udall
(Full Name)

6255 Summons Drive
(Mailing Address)

Boulder CO 80303

Daytime Telephone (303) 457-4500

Filer Status	[X] Member of the U.S. House of Representatives	State CO District 02	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mark Udall	6/14/00

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SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Sierra Club	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoraria. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	Heinz Foundation	Spouse served as juror on an environmental award panel -- in lieu of payment, a contribution was made to the Community Foundation of Boulder, Colorado	11/30/99	$1,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp Stock SP 123 Main St., Dover, Del SP 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP Health Care Reit. Inc Stock	None	Capital Gains and Dividends	$1,001 - $2,500	S
SP Intel Corp. Stock	$15,001 - $50,000	Dividends	$1 - $200	
SP Learonal Inc. Stock	None	Dividends	$1 - $200	S
SP National City Corp Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
SP Northern States Power Co. Stock	None	Dividends	$201 - $1,000	S
SP Vanguard High-Yield Corp. Fund	$15,001 - $50,000	Dividends	$2,501 - $5,000	
SP Vanguard GNMA Fund	$15,001 - $50,000	Dividends	$2,501 - $5,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Vanguard Short-term Corp. Fund	None	Dividends	$201 - $1,000	S
SP	Schwab 1 Money Market Account	$15,001 - $50,000	Interest	$201 - $1,000	
SP	Pacific Bell Bond	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Time Warner Inc Bond	$1,001 - $15,000	Interest	$201 - $1,000	
SP	US Treasury Bond	None	Interest	$201 - $1,000	Redemption
SP	Carolina Power and Light	$50,001 - $100,000	Dividends	$1,001 - $2,500	
SP	Fox Family Limited Partnership	$250,001 - $500,000	Interest	$201 - $1,000	
SP	Safeco Corp. Stock	$1,001 - $15,000	Dividends	None	P
DC	Biomet Inc Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Health Care Reit Stock	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
DC	Ohio Casualty Corp. Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Vanguard GNMA Fund	None	Dividends	$201 - $1,000	S
DC	Vanguard High-Yield Fund	$1,001 - $15,000	Dividends	$1,001 - $2,500	
DC	Schwab Government Money Fund	$1,001 - $15,000	Dividends	$1 - $200	
DC	T Rowe Price Science Fund	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P
DC	Health Care Reit Inc Stock	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
DC	McGraw Hill Corp. Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Pioneer Hi-Bred Intl Inc Stock	None	Dividends	$1 - $200	S
DC	Schering Plough Corp. Stock	$1,001 - $15,000	Dividends	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Southern Co. Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	Scudder GNMA Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	Vanguard GNMA Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	Vanguard Hi Yield Fund	$1,001 - $15,000	Dividends	$1,001 - $2,500	
DC	Nortel Networks Corp. Stock	$1,001 - $15,000	Dividends	$1 - $200	P
DC	Alltell Corp. Stock	$1,001 - $15,000	Dividends	$1 - $200	P
DC	Deere & Co Stock	$1,001 - $15,000	Dividends	$1 - $200	P
DC	Impath Stock	$1,001 - $15,000	Dividends	None	
DC	Oracle Stock	$15,001 - $50,000	Dividends	None	
DC	Tellabs Stock	$1,001 - $15,000	Dividends	None	
DC	Inveso Strat. Health Sci. & Tech. Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
DC	Oracle Stock	$15,001 - $50,000	Dividends	None	
DC	Sun Microsystems Stock	None	Dividends	None	S
DC	Schwab Government Money Fund	$1,001 - $15,000	Dividends	$1 - $200	
	VALIC Retirement Fund (mistakenly listed as joint holding for 1998)	$100,001 - $250,000	Interest	NA	
	BMC Software Stock (IRA)	$1,001 - $15,000	Dividends	None	
	Sterling Software Stock (IRA)	$1,001 - $15,000	Dividends	None	P
	Invesco Strat Health Sci & Tech. Fund (IRA)	$1,001 - $15,000	Dividends	None	P
	Vanguard GNMA Fund (IRA)	$1,001 - $15,000	Dividends	$201 - $1,000	P

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

	Vanguard Hi-Yield Corp Fund (IRA)	$1,001 - $15,000	Dividends	$201 - $1,000	
	Schwab Government Money Fund (IRA)	$1,001 - $15,000	Dividends	None	
SP	Dionex Corp. Stock (IRA)	$1,001 - $15,000	Dividends	None	
SP	Schering Plough Corp Stock (IRA)	$1,001 - $15,000	Dividends	None	
SP	Sterling Software Inc. Stock (IRA)	$1,001 - $15,000	Dividends	None	P
SP	Sun Microsystems Stock (IRA)	$15,001 - $50,000	Dividends	None	
SP	Vanguard GNMA Fund (IRA)	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Vanguard High-Yield Corp. Fund (IRA)	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Schwab Money Market Fund	$1,001 - $15,000	Dividends	None	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
SP	Learonal Inc Stock	Sold	2/24/99	$1,001 - $15,000
SP	US Treasury Bond	Sold	11/15/99	$1,001 - $15,000
SP	Northern States Power Stock	Sold	11/16/99	$1,001 - $15,000
SP	Vanguard Short-Term Fund	Sold	11/16/99	$1,001 - $15,000
SP	Health Care Reit Inc Stock	Sold	12/28/99	$1,001 - $15,000
SP	Safeco Corp Stock	Purchase	11/19/99	$1,001 - $15,000
DC	Vanguard GNMA Fund	Sold	4/27/99	$1,001 - $15,000
DC	T Rowe Price Sci & Tech Fund	Purchase	4/28/99, 12/15/99	$1,001 - $15,000
DC	Pioneer Hi-Bred Intl Stock	Sold	5/25/99	$1,001 - $15,000
DC	Sun Microsystems Stock	Sold	11/16/99	$1,001 - $15,000
DC	Alltell	Purchase	11/19/99	$1,001 - $15,000
DC	Deere & Co Stock	Purchase	11/19/99	$1,001 - $15,000
DC	Nortel Networks Corp Stock	Purchase	11/19/99	$1,001 - $15,000
	Colorado Public Retirement Association Account (state pension, mistakenly not listed on the 1998 statement. Rolled into IRA	Exchange	8/26/99	$1,001 - $15,000
	Invesco Strategic Health Sciences Mutual Fund (IRA)	Purchase	11/16/99	$1,001 - $15,000
	Sterling Software (IRA)	Purchase	11/16/99	$1,001 - $15,000

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
DC	Invesco Strategic Health Sciences Mutual Fund	Purchase	4/27/99	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000

Name	Page 11 of 14

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$210

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Udall Foundation	8/6/99-8/8/99	Dulles-Tuscon-Dulles	Y	Y	N	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Trustee	Colorado School Mediation Project

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers and employees

RECEIVED LEGISLATIVE RESOURCE CENTER

HAND DELIVERED

00 MAY 15 PM 2:43 RECEIVED

00 MAY 15 AM 11:46 COMMITTEE ON STANDARDS

(Office Use Only)

Tom Udall
(Full Name)

308 East Capitol Street NE
(Mailing Address)

Washington DC 20003

Daytime Telephone 202 225 6190

Filer Status	[X] Member of the U.S. House of Representatives	State NM District 03	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tom Udall	5-12-2000

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SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US House of Representatives	salary	$124,548.86
	Presidential Advisory Commission on Holocaust Assets	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1999 Aug. 13, 1999	$2,000 $ 500
	St John's College Santa Fe, NM	speech	May 20, 1999	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC, *Examples* SP Mega Corp. Stock JT 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
New Perspective Fund	$15 001 - $50 000	dividends / capital gains	$2 501 - $5 000	partial sale
Investment Company of America	$15 001 - $50 000	dividends/capital gains	$1 001 - $2 500	partial sale
Washington Mutual Fund	$50 001 - $100 000	dividends / capital gains	$2 501 - $5 000	partial sale
Capital Income Builder	$15 001 - $50 000	dividends / capital gains	$1 001 - $2 500	partial sale
Pacific Select Variable	$100 001 - $250 000	Dividends	$15 001 - $50 000	
Ameritas Variable Annuity	$500 001 - $1 000 000	Dividends	$50 001 - $100 000	
AmeritasVariable Annuity III	$50 001 - $100 000	Dividends	$5 001 - $15 000	partial sale

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

CNL Capital Fund	$15 001 - $50 000	distribution	$2 501 - $5 000	
Boston Capital	$1 001 - $15 000	tax credit	None	
Wells Partnership	$1 001 - $15 000	distribution	$201 - $1 000	
NM Public Employment Retirement	$100 001 - $250 000	appreciation	$15 001 - $50 000	
Northwestern Mutual	$15 001 - $50 000	Dividends	$201 - $1 000	
PFL LIfe Insurance	$100 001 - $250 000	dividends / capital gains	$5 001 - $15 000	
Davis Investment Grade	$100 001 - $250 000	Dividends	$5 001 - $15 000	
Davis Tax Free High Income	$15 001 - $50 000	Dividends	$1 - $200	
Davis Financial	$15 001 - $50 000	none	None	
JMB Partnership VII	$1 001 - $15 000	distribution	$201 - $1 000	
Merrill Lynch	$250 001 - $500 000	see attached	$15 001 - $50 000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	New Perspective Fund	Sold	monthly	$15,001 - $50,000
	Investment Co of America	Sold	monthly	$15,001 - $50,000
	Capital Income Builder	Sold	monthly	$15,001 - $50,000
	Washington Mutual	Sold	monthly	$15,001 - $50,000

Merrill Lynch

PRIORITY CLIENT CMA® ACCOUNT

TOM S UDALL AND

Realized Monthly Capital Gains and Losses

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sales Price	Cost Basis	Gain or (Loss)	
25000	VERO BEACH FL ELEC REV	10/10/91	12/01/99	25,500.00	25,000.00	500.00	LT

Current Portfolio

Quantity	Security Description	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
	CASH			1		1				
66,891	CMA MONEY FUND		1.00	66,891	1.00	66,891			3,518	5.26
	Total Cash/Money Funds			66,892		66,892			3,518	5.26

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Merrill Lynch

PRIORITY CLIENT CMA® ACCOUNT

TOM S UDALL AND

Current Portfolio

Quantity	Security Description	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Municipal Bonds									
10,000	TORRANCE ETC CNTYS N MEX MUN SCH DT8 MORIARTY EBD JUN90 07 300%JUL01 01 MOODY'S: BAA1, S&P: ***	05/04/90	102.00	10,200	100.20	10,020	(179)	365	729	7.28
15,000 Δ	WELLFLEET MASS AMBAC EBD OCT91 06.400%OCT15 06 MOODY'S: AAA, S&P: AAA ORIGINAL UNIT COST: 100.00	10/15/91	100.00	15,000	104.31	15,647	647	203	959	6.13
25,000 Δ	LA PORTE TEX LT AMBAC PRF00 EBD JUL89 06.500%FEB15 07 MOODY'S: AAA, S&P: AAA CALL DT:02/15/00 CALL PR:100 ORIGINAL UNIT COST: 101.27	10/10/91	100.01	25,004	100.29	25,074	70	614	1,625	6.48
25,000 Δ	FORT BEND TEX INDPT SCH DIST SCHLHSE PRF01 JAN91 06.500%FEB15 08 MOODY'S: ***, S&P: AAA CALL DT:02/15/01 CALL PR:100 ORIGINAL UNIT COST: 101.38	10/10/91	100.16	25,041	102.40	25,601	560	614	1,624	6.34
25,000	CALIFORNIA ST SEP91 06.250%SEP01 08 MOODY'S: AA3, S&P: AA-	10/17/91	99.47	24,868	108.45	27,113	2,245	521	1,562	5.76

6-3-98

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PLEASE SEE REVERSE SIDE

Merrill Lynch

PRIORITY CLIENT CMA® ACCOUNT

TOM S UDALL AND

Current Portfolio

Quantity	Security Description	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Municipal Bonds									
25,000 B	ALBUQUERQUE NM EDL FACS RV ALB ACAD OID REF MBIA SEP92 05.750%OCT15 14 MOODY'S: AAA, S&P: AAA ORIGINAL UNIT COST: 90.67	11/16/94	91.45	22,864	100.09	25,022	2,158	303	1,437	5.74
25,000 B	ALBUQUERQUE NM JT WTR & SEW SYS REV OID PRF02 JAN92 05.500%JUL01 17 MOODY'S: AA3, S&P: AA CALL DT:07/01/02 CALL PR:100 ORIGINAL UNIT COST: 98.75	08/11/95	99.47	24,869	101.93	25,484	615	688	1,374	5.39
10,000 Δ	FARMINGTON NM PCR REV SO CA EDISON SER A RFDG OID APR91 07.200%APR01 21 MOODY'S: A1, S&P: A+ ORIGINAL UNIT COST: 104.28	09/16/91	101.18	10,118	104.35	10,435	317	180	720	6.89
10,000 Δ	FARMINGTON NM POLLTN CTL RV REF SOUTHN CA ED MBIA JUN93 05.875%JUN01 23 MOODY'S: AAA, S&P: AAA ORIGINAL UNIT COST: 101.06	10/03/95	100.59	10,059	97.69	9,769	(289)	49	587	6.01
	Total Municipal Bonds			168,027		174,169	6,144	3,537	10,622	6.10

Bonds purchased at a premium show amortization Δ
Bonds purchased at a discount show accretion θ

*** Rating currently unavailable or not rated/unrated as provided by Rating Agency or recognized industry wide third party vendor source

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Merrill Lynch

PRIORITY CLIENT CMA® ACCOUNT

TOM S UDALL AND

Equity Weighting by Economic Sector

A - Basic Industries	0%	D - Consumer Cyclicals	0%	G - Credit Sensitive	100%
B - Capital Goods	0%	E - Consumer Growth	0%	H - Utilities	0%
C - Technology	0%	F - Energy	0%	I - Other	0%

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
	Equities										
400	** PROLOGIS TRUST MD SBI	PLD	(G)	03/23/94	11.50	4,600	19.25	7,700	3,100	536	6.96
44	** PROLOGIS TRUST MD SBI			06/21/94	15.12	665	19.25	847	182	58	6.96
112	** PROLOGIS TRUST MD SBI			07/12/94	15.12	1,694	19.25	2,156	462	150	6.96
92	** PROLOGIS TRUST MD SBI			09/28/95	15.37	1,414	19.25	1,771	357	123	6.96
648	Security Sub-Total					8,374		12,474	4,101	868	6.96
100	SOLV-EX CORP NEW COM	SOLVD	(I)	N/A	N/A	N/A	.12	12	N/A		
	Total Equities					8,374		12,486	4,101	868	6.95
	Total of Long Portfolio					243,293*		253,548	10,245 *	15,009	5.92
	Total of Estimated Accrued Interest							3,537			

* - Excludes N/A Items

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LICATE MERRILL LYNCH STATEMENT STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD

PRIORITY CLIENT SEP ACCOUNT

FBO JILL Z COOPER

Current Portfolio

Quantity	Security Description	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
715	GOVERNMENT RESERVES CL I		1.00	715	1.00	715			39	5.46
	Government Securities									
7,000	U.S. TREASURY NOTE 06 7/8% JAN 15 2000	10/25/94	95.96	6,717	100.00	7,000	283	215	446	[illegible]
5,000 W	U.S. TREASURY NOTE 07 5.00% NOV 15 2001 ORIGINAL UNIT COST: 100.03	10/25/94	100.00	5,000	102.81	5,139	139	57	250	
10,000	U.S. TREASURY NOTE 05 7/8% AUG 15 2003	01/29/93	92.29	9,229	97.95	9,795	566	216	574	5.87
	Total Government Securities			21,448		21,903	457	468	1,396	6.37

Bonds purchased at a premium show amortization W
Bonds purchased at a discount show accretion

4853

PRIORITY CLIENT SEP ACCOUNT

FBO JILL Z COOPER

Equity Weighting by Economic Sector

A - Basic Industries	0%	D - Consumer Cyclicals	0%	G - Credit Sensitive	100%
B - Capital Goods	0%	E - Consumer Growth	0%	H - Utilities	0%
C - Technology	0%	F - Energy	0%	I - Other	0%

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
	Equities										
600	** SECURITY CAP GROUP INC B	SCZ	(G)	09/18/97	28.00	16,800	12.50	7,500	(9,300)		
	Total Equities					16,800		7,500	(9,300)	-	
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
222	ALLIANCE PREMIER GROWTH FUND INC CLASS A (.4370 FRACTIONAL SHARE)			05/26/99	32.82	7,288	36.50	8,103	816		
				N/A	N/A	N/A	36.50		N/A		
	Total Client Investment			56,811							
	Investment Return			51.29%							
261	DAVIS NY VENTURE FD A (.1000 FRACTIONAL SHARE)			07/26/96	24.70	10,797	28.36	21,000	[illegible]		
				N/A	N/A	N/A	28.36		N/A		
	Total Client Investment			[illegible]							
	Investment Return			[illegible]							

4854

PRIORITY CLIENT SEP ACCOUNT

FBO JILL E COOPER

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curren Yield %
	Total Mutual Funds - Equity					26,085		30,025	3,902	1	.03
	Total Mutual Funds					26,085		30,025	3,902	1	.03
	Total of Long Portfolio					65,048*		60,144	(4,941)*	1,436	2.3
	Total of Estimated Accrued Interest							468			

DATE ACQUIRED: Date of your initial investment in this fund
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation (depreciation) of all shares purchased, including through reinvestment

* Excludes N/A items

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
12/01	Divd Reinv		DAVIS NY VENTURE FD A REINV AMOUNT 543.02 REINV PRICE 27.54000 QUANTITY REP 19.7210 AS OF 12/01			
12/01	Journal Entry	1	DAVIS NY VENTURE FD A FULL TRANS ACCTG			
12/01	Divd Reinv	19	DAVIS NY VENTURE FD A REINV AMOUNT 517.12 REINV PRICE 27.54000 QUANTITY REP 18.7450 AS OF 12/01			

4855

LICATE MERRILL LYNCH STATEMENT STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD

PRIORITY CLIENT RETIREMENT ACCOUNT

FBO THOMAS S UDALL

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
716	RETIREMENT RESERVES CL I		1 00	716	1 00	716			19	2 66
	Government Securities									
12,000	PRINCIPAL TREASURY RCPT ZERO% NOV 15 2002	11/20/92	49 34	5 921	82 93	9 948	N/A			
	Total Government Securities			5,921		9,948				

4856

UCATE MERRILL LYNCH STATEMENT STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD

PRIORITY CLIENT RETIREMENT ACCOUNT

FBO THOMAS S UDALL

Equity Weighting by Economic Sector

A - Basic Industries	0%	D - Consumer Cyclicals	1%	G - Credit Sensitive	0%
B - Capital Goods	0%	E - Consumer Growth	80%	H - Utilities	0%
C - Technology	20%	F - Energy	0%	Other	0%

Current Portfolio

Quantity		Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
		Equities										
100	**	CBS CORPORATION	CBS	(E)	03/31/99	41.64	4,164	63.53	6,353	2,189		
200	**	DELL COMPUTER CORP	DELL	(C)	03/31/99	41.53	8,306	51.00	10,200	1,893		
100	**	HOME DEPOT INC	HD	(E)	03/31/99	64.00	6,400	68.75	6,875	N/A	16	
50	@	HOME DEPOT INC			N/A	N/A	N/A	68.75	3,437	N/A	8	
		DIVIDEND PENDING 01/05										
150		Security Sub-Total					6,400		10,312	N/A	24	
40	**	MERCK&CO INC	MRK	(E)	01/22/88	76.63	3,065	67.18	2,687	(378)	40	
80	**	MERCK&CO INC			06/03/88	0.0	0	67.18	5,374	5,374	92	
240	**	MERCK&CO INC			06/02/93	0.0	0	67.18	16,124	16,124	276	
360		Security Sub-Total					3,065		24,185	21,120	413	
		Total Equities					**21,937**		**53,093**	**25,263**	**663**	**.81**
		Total of Long Portfolio					**28,575***		**61,758**	**25,263 ***	**680**	**.9**

* Excludes N/A items.

65-598 00 - 38

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers and employees

00 APR 11 PM 3 25

Robert A. Underwood
(Full Name)
U.S. House of Representatives, 2418 RHOB
(Mailing Address)
Washington, D.C. 20515
(202) 225-1188
(Daytime Telephone)

MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State/District: Guam / Guam	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert A Underwood	April 9, 2000

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Name Robert A. Underwood	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$[illegible]
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Government of Guam Retirement Fund	Pension	$70,892.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert A. Underwood | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP	SP Mega Corp. Stock	X (F: $100,001 – $250,000)	X DIVIDENDS	X (IV: $1,001 – $2,500)	P
DC	*Examples* Simon & Schuster	Indefinite			P
JT	1st Bank of Paducah, KY accounts	X (F: $100,001 – $250,000)	X INTEREST		
	Gov. of Guam Credit Un.	X (C: $1,001 – $15,000)			
	Oppenheimer (403B)	X (E: $50,001 – $100,000)			
SP	Oppenheimer (IRA)	X (C: $1,001 – $15,000)			
SP	Oppenheimer (403B)	X (C: $1,001 – $15,000)			
	Bank of Guam Stock	X (C: $1,001 – $15,000)			

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	USA Group Loan	student loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page 5 of 5
Robert A. Underwood	

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash. D.C.—Chicago—Wash. D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash. D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
DCCC	Feb. 27 - March 1	DC - St. Thomas - DC	Y	Y	Y	N
Faith & Politics Institute	March 5-7	DC - Birmingham - DC	Y	Y	Y	N
APA Heritage Council	May 22	DC - Norfolk, VA - DC	N	Y	N	N
Pacific Gas & Electric	Aug 20-21	Los Angeles - San Fran.	Y	Y	Y	N
Boeing/Microsoft	Aug 22-24	SEA - Seattle - Wash.,DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE REFERENCE CENTER
00 MAY 16 AM 8:34
CLERK
HOUSE OF REPRESENTATIVES
MAIL ROOM
INSIDE MAIL
(Internal Use Only)

Frederick Stephen Upton
(Full Name)
P.O. Box 900; 285 Ridgeway
(Mailing Address)
St. Joseph Michigan 49085
2021/225-3761
(Daytime Telephone)

Filer Status: [X] Member of the U.S. House of Representatives — State District: Michigan 6th — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Fred Upton	5-15-00

4863

Name	LIPTON	Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Westminster Weekday Preschool	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name UPTON | Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1999 Aug. 13, 1999	$2,000 $500
The Kmart Family Foundation — Donated $500 to Niles, MI DARE Program	Race Against Drugs Capital Hill Challenge	Sept 22, 1999	$ 500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name UPTON

Page 4 of 11

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) during reporting year.

SP/DC/JT	Asset	A	B: None	B: $1 - $1,000	B: $1,001 - $15,000	C: $15,001 - $50,000	D: $50,001 - $100,000	E: $100,001 - $250,000	F: $250,001 - $500,000	G: $500,001 - $1,000,000	H: $1,000,001 - $5,000,000	I: $5,000,001 - $25,000,000	J: $25,000,001 - $50,000,000	K: Over $50,000,000	L: Hedge Fund	M: Other Partnership	N: DIVIDENDS	O: RENT	P: INTEREST	Q: CAPITAL GAINS	R: EXCEPTED TRUST	S: QUALIFIED BLIND TRUST	T: Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I: None	II: $1 - $200	III: $201 - $1,000	IV: $1,001 - $2,500	V: $2,501 - $5,000	VI: $5,001 - $15,000	VII: $15,001 - $50,000	VIII: $50,001 - $100,000	IX: $100,001 - $1,000,000	X: $1,000,001 - $5,000,000	X: Over $5,000,000	Transaction
SP	Examples																X																		
DC		SP	Mega Corp. Stock																																
			Simon & Schuster		Indefinite			X																											
JT			1st Bank of Paducah KY accounts					X											X										X						
JT	Whirlpool Stock										X						X														X				
	US-CPS - Family Property				X																			X											
	Petroleum Rev Service					X											X						- 18					X							
JT	Upton Family Trust Acct: Compound									X							X			X									X						
	• Stryker					X																													
	• Fifth Third Mkt					X																													

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name UPTON

Page 5 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1-$1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	(UPTON TRUSTS Cont)																															
	• Fifth Third Bancorp				X																											
	• Sherlina Financial			X																												
	• IMG Growth Fund				X																											
	• Smallcap World Fund	X																														
	• T. Rowe Price New Hor.				X																											
	• Cash			X																												
	• Whiskey Stock					X																										
	• Master's Select Equity						X																									
	Vial Family Trust: 0.7%									X				X													X					
	• Avalon NV				X																											
	• American Express				X																											
	• AT&T				X																											
	• Bell Atlantic				X																											
	• Bell South				X																											
	• Hewlett Packard			X																												
	• IBM				X																											
	• Lehman Brothers			X																												
	• Lucent Tech.				X																											
	• Media One			X																												
	• J.C. Penney			X																												
	• Pfizer						X																									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name UPTON

Page 6 of 11

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
	Cl[illegible] Fam Ly Trusts Cont																															
	• Pre [illegible] Fund				X																											
	• Sh[illegible]				X																											
	• [illegible] Corp			X																												
	• [illegible] Phone			X																												
	• [illegible] Nat Fdn			X																												
	• MFS Fund Tax			X																												
	• Coal					X																										
	• Sprint Corp			X																												
	• BP Amoco				X																											
	• [illegible]				X																											
	• Lumber [illegible]				X																											
	• [illegible]									X																						
JT	[illegible] Lynx Radio [illegible]									X				X													X					
	• [illegible]			X																												
	• [illegible]				X																											
	• BP Amoco				X																											
	• Pai [illegible]				X																											
	• Bell South				X																											
	• Cap 1st One Fin			X																												
	• [illegible]				X																											
	Disney						X																									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name UPTON

Page 7 of 11

SP. DC. JI	BLOCK A Asset and/or Income Source (Marital Lyons Act Cont'd)	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	• Donnelly			X																												
	• Fannie Mae				X																											
	• Gannett					X																										
	• G-E						X																									
	• GM-H				X																											
	• Grant				X																											
	• Nafaky Group			X																												P
	• Pan American Bus			X																												
	• Pepsico							X																								
	• Pfizer					X																										
	• Pharmacia & Upjohn			X																												
	• Raytheon			X																												
	• SBC					X																										
	• Shoreline Fin.							X																								
	• Sun Trust Co			X																												
	• Stryker				X																											
	• Tricon				X																											
	• Wave Systems						X																									P
	• Wesley								X																							
	• Mass Inv. Growth					X																										
	• Mass Inv. Tr.				X																											
	• Seligman Tax-Exempt				X																											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name UPTON

Page 8 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: Type	Date
	Fifth Third Sources Mil			X												X						X											
SP	Retirement Investments			X										X		X							X										

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SCHEDULE IV — TRANSACTIONS

Name UPTON

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-99		X								
	Sears		X		1-25-77	X									
	BP Amoco		X		1-25-77		X								
JT	Wave Systems	X			1-25-77		X								
	Allstate		X		2-4-77	X									
	Wave Systems	X			2-4-77	X									
	CNB Bancshares		X		6-23-77			X							
	Wave Systems	X			7-13-99		X								
	Metplex Group	X			12-3-99	X									

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Faith & Politics Inst.	March 3-5	Wash, DC → Birmingham, AL → Montgomery, AL → Selma, AL → Washington, DC	Y	Y	Y	Y

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Co Partner	Co-Ops (Upton Family)
General Partner	Phoenix Real Service
Family Representative	Upton Trust Fdn
Director	GOP platform Partnership
Steering Committee	Congressional Conversation on Race with Faith & Politics org

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

RECEIVED

00 MAY 15 PM 1:17

HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Nydia Velazquez
(Full Name)

2241 Rayburn HOB
(Mailing Address)
Washington DC 20515

Daytime Telephone
202-225-2361

Filer Status: [X] Member of the U.S. House of Representatives — State NY District 12 — [ ] Officer or Employee — Employing Office

Termination Date

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [ ] No [X]

If yes, complete and attach Schedule I

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes [ ] No [X]

If yes, complete and attach Schedule II

III. Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [ ] No [X]

If yes, complete and attach Schedule III

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [ ] No [X]

If yes, complete and attach Schedule IV

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [X] No [ ]

If yes, complete and attach Schedule V

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? — Yes [ ] No [X]

If yes, complete and attach Schedule VI

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? — Yes [X] No [ ]

If yes, complete and attach Schedule VII

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [ ] No [X]

If yes, complete and attach Schedule VIII

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes [ ] No [X]

If yes, complete and attach Schedule IX

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding Qualified Blind Trusts approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION. Have you excluded from this report any other assets, unearned income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month Day Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/00

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Name Nydia Velazquez Page of

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	American Pioneer Bank, PA	198 Beaver Dr. Lane, PA	$50,001 - $100,000

Name Nydia Velazquez	Page of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
PDP	Oct. 30-31	NY-San Juan, PR-San Juan, PR-NY	Y	Y	N	None

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 10 AM 11: 11

BRUCE F. VENTO
(Full Name)

2413 RHOB WDC 20515 202-225-6631
(Mailing Address) (Daytime Telephone)

HAND DELIVERED.
MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State MN District 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (e.g., aggregating more than $260 and not otherwise exempt) **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bruce F. Vento	MAY 10, 2000

Name	BRUCE F. VENTO	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

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Name BRUCE F VENTO | Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package

Source	Activity	Date	Amount
Examples Association of American Associations, Wash D C	Speech	Feb 2 1999	$2,000
Examples XYZ Magazine	Article	Aug 13, 1999	$500
None			

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Name BRUCE F. VENTO | Page 1 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	SP Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah KY accounts						X									X										X						
	WRIGHT-PATMAN CONG. C.U. WDC.				X											X								X								
	WPCFU IRA#1			X												X								N.A.								
	WPCFU IRA#2			X												X								N.A.								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BRUCE F. VENTO

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P. S. E.
	KINNARD CO. SEC. FIRM MPLS, MN BONDS + MMA			X												X							X									
	NORWEST - WELLS FARGO BANK INVEST. SEC. TREASURY BONDS MPLS, MN/ST PAUL MN						X									X										X						
	MPLS TEACHER RETIREMENT FUND MPLS, MN					X										X								N.A.								
	MN EMPLOYEE DEFERRED ANNUITY ST PAUL, MN						X										X							N.A.								

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SCHEDULE IV — TRANSACTIONS

Name BRUCE F. VENTO | Page 1 of 1

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	NORWEST/WELLS FARGO INVESTMENT ACCT U.S. TREASURY BONDS/PAPER MPLS/ST PAUL, MN			X	EVERY 90 DAYS				X						

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Name	BRUCE F. VENTO	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives; gifts of personal hospitality of an individual; local meals; and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name	Page
BRUCE F. VENTO	1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	HABITAT FOR HUMANITY	MARCH 31-APRIL 1	ST PAUL/MPLS —DUBLIN IRC. DUBLIN IRELAND -ST PAUL MPLS	Y	Y	N	
	CHECK PAYMENT SYSTEMS ASSOC.,	APRIL 18-19	ST PAUL MPLS — AMELIA ISLAND FLORIDA AMELIA ISLAND - ST PAUL/MPLS	Y	Y	N	
	NATIONAL PARKS AND CONSERVATION ASSOC.	AUG 12-AUG 18	ST PAUL/MPLS MN - FAIRBANKS ALASKA ST PAUL MPLS	Y	Y	N	

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Name	BRUCE F. VENTO	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
	None.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
SEPT 1976 - PRESENT	BRUCE F VENTO / MPLS SPECIAL SCHOOL DIST. #1	LEAVE OF ABSENCE WITHOUT COMPENSATION.

GPO 2000 62-753 (mar)

Use additional sheets if more space is required.

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RECEIVED
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UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Honorable Peter J. Visclosky
(Full Name)

Post Office Box 10847
(Mailing Address)

Merrillville IN 46411 — Daytime Telephone 202-225-2461

HAND DELIVERED (4)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State IN District 01	[ ] Officer or Employee	Employing Office	A $200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)		[ ] Amendment	[ ] Termination — Termination Date	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule I

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule II

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [X] No [ ]
If yes, complete and attach Schedule III

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule V

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? — Yes [ ] No [X]
If yes, complete and attach Schedule VI

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? — Yes [ ] No [X]
If yes, complete and attach Schedule VII

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [X] No [ ]
If yes, complete and attach Schedule VIII

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes [ ] No [X]
If yes, complete and attach Schedule IX

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 187, 5 C.F.R. 2637.)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month Day Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/12/00

4886

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT) in the optional column on the far left.	at close of reporting year If you use a valuation method other than fair market value please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".	if other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the "yes" in the box below. "Dividends" when reinvested should be "yes" as income.	Indicate if asset was purchased, sold, or exchanged during reporting year.
SP, , Mega Corp. Stock DC Examples SP 123 Main St., Dover, Del JT 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $1,001 - $2,500	
DC John D. Visclosky Minority Trust	$15,001 - $50,000	Interest	$201 - $1,000	N/A
Deutsche Bank - Alex Brown Cash Reserve - IRA	$50,001 - $100,000	Dividends	$2,501 - $5,000	Transferred from [illegible] Money Account
DC Dodge and Cox Stock Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	P
DC Mutual Qualified Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	P
DC Dodge and Cox Stock Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	P
DC Mutual Qualified Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
DC	Dodge and Cox Stock Fund	Purchase	Monthly through June 1999	$1,001 - $15,000
DC	Mutual Qualified Fund	Purchase	Monthly through June 1999	$1,001 - $15,000
DC	Dodge and Cox Stock Fund	Purchase	Monthly through June 1999	$1,001 - $15,000
DC	Mutual Qualified Fund	Purchase	Monthly through June 1999	$1,001 - $15,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Trustee	The Visclosky Foundation, Post Office Box 10847, Merrillville, IN 46411

FILING CENTER

00 MAY 15 PM 1:34

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

DAVID B. VITTER
(Full Name)

2520 METAIRIE ROAD
(Mailing Address)

METAIRIE LA 70001

Daytime Telephone 504-832-3709

MC HAND DELIVERED (1)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State LA District 01	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/2000

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SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	DUPLASS, ZWAIN & BOURGEOIS	SALARY	$19,833 00
	STATE OF LA (HOUSE OF REPRESENTATIVES)	SALARY	$4,200 00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S) or exchanged(E) in reporting year.
SP, DC, JT *Examples* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
A T & T CORP	$15,001 - $50,000	Dividends	$201 - $1,000	S
ARKANSAS 5.45% GNMA	None	Interest	$201 - $1,000	REDEMPTION
CHEVRON CORP	$100,001 - $250,000	Dividends	$2,501 - $5,000	S
JEFF PAR 6% SEWERAGE BOND	None	Interest	$1 - $200	S
LA HSG FIN 5.75 BOND	None	Interest	$1 - $200	S
LA GAS & FULL 7.25% BOND	None	Interest	$201 - $1,000	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

NACCO INDS CLASS A	None	Dividends	$1 - $200	S
NEW ORLEANS HMA 6.4% BOND	None	Interest	$201 - $1,000	S
NEW ORLEANS HMA 5.75% BOND	None	Interest	$201 - $1,000	S
RAPIDES PAR HSG MGT 7.25% BOND	None	Interest	$201 - $1,000	S
AVOYELLES PAR SCH 6.2 % BOND	$1,001 - $15,000	Interest	$1 - $200	NA
CENTENN GOVT FUND (AG EDWARDS)	$1 - $1,000	Dividends	$1 - $200	NA
LA STAD & EXP 5.75% BOND	$15,001 - $50,000	Interest	$201 - $1,000	P
E BATON ROUGE MGT 6.1% BOND	$1,001 - $15,000	Interest	$201 - $1,000	P
TELCOMM	None	Dividends	$1 - $200	CASH IN LIEU
GENERAL ELECTRIC	$100,001 - $250,000	Dividends	$1,001 - $2,500	NA
HEARST ARGYLE TV	$1,001 - $15,000	Dividends	$1 - $200	E
HEWLETT PACKARD	$15,001 - $50,000	Dividends	$201 - $1,000	NA
MERCK & CO	$100,001 - $250,000	Dividends	$1,001 - $2,500	NA
PULITZER, INC	$1,001 - $15,000	Dividends	$1 - $200	NA
ST PAUL CO	$1 - $1,000	Dividends	$1 - $200	NA
HIBERNIA MONEY MARKET	$1,001 - $15,000	Interest	$1 - $200	P
REAL ESTATE (1100 EDWARDS AVE)	None	Rent	$1,001 - $2,500	S
REAL ESTATE (2801 EARHART)	None	Rent	$201 - $1,000	S
CENTENN GOVT FUND (SOPHIE)	$1,001 - $15,000	Dividends	$201 - $1,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

CHEVRON CORP (SOPHIE)	$50,001 - $100,000	Dividends	$1,001 - $2,500	NA
CENTENN GOVT FUND (JULIA)	$1,001 - $15,000	Dividends	$1 - $200	NA
CHEVRON CORP (JULIA)	$1,001 - $15,000	Dividends	$201 - $1,000	NA
FIDLITY GROWTH (JULIA)	$1,001 - $15,000	Dividends	$1 - $200	NA
CENTENN GOVT FUND (AIREY)	$1,001 - $15,000	Dividends	$1 - $200	NA
CHEVRON (AIREY)	$1,001 - $15,000	Dividends	$201 - $1,000	NA
GOLDMAN SACHS (AIREY)	$1,001 - $15,000	Dividends	$1 - $200	NA
SELIGMAN GLOBAL (AIREY)	$1,001 - $15,000	Dividends	$1 - $200	NA
THE FOLLOWING IRA ACCTS WERE INADVERTENLY CLASSIFIED IN THE PRIOR YEAR'S REPORT AS NON DIRECTED UNDER AG EDWARDS IRA'S	None	NA	None	NA
CENTENN GOVT (WENDY IRA)	$1,001 - $15,000	Interest	$1 - $200	NA
CAMDEN TRUST (WENDY IRA)	$1,001 - $15,000	Dividends	$1 - $200	NA
FHLMC BOND (WENDY IRA)	$1,001 - $15,000	Interest	$201 - $1,000	NA
FNMA BONDS (WENDY IRA)	$1 - $1,000	Interest	$1 - $200	NA
CENTENN GOVT (DAVID IRA)	$1,001 - $15,000	Interest	$201 - $1,000	NA
CAMDEN TRUST (DAVID IRA)	$1,001 - $15,000	Dividends	$1 - $200	NA
WISCONSIN ENERGY (DAVID IRA)	$1,001 - $15,000	Dividends	$201 - $1,000	NA
FNMA BOND (DAVID IRA)	$1 - $1,000	Interest	$1 - $200	NA
OPPENHEIMER (DAVID IRA)	$1,001 - $15,000	Dividends	$1 - $200	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

PILGRIM TRUST (DAVID IRA)	$1,001 - $15,000	Dividends	$1 - $200	NA
NOTE RECEIVABLE FROM VITTER FOR CONGRESS CAMPAIGN	$500,001 - $1,000,000	NON INTEREST BEARING	None	LOAN TO CAMPAIGN

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example [1]Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	A T & T	Sold	03-23-99	$15,001 - $50,000
	ARKANSAS 5.45% BONDS	Sold	04-23-99	$1,001 - $15,000
	CHEVRON CORP	Sold	05-20-99	$100,001 - $250,000
	JEFF PAR 6 % BOND	Sold	04-26-99	$1,001 - $15,000
	LA HSG 5.75% BOND	Sold	04-26-99	$1,001 - $15,000
	LA GAS/FUEL 7.25% BOND	Sold	04-26-99	$1,001 - $15,000
	NACCO INDUST CLASS A	Sold	05-20-99	$1,001 - $15,000
	NEW ORLEANS HMGT 6.4%	Sold	04-26-99	$1,001 - $15,000
	NEW ORLEANS HMGT 5.75%	Sold	04-26-99	$1,001 - $15,000
	RAPIDES PAR 7.25% BOND	Sold	04-26-99	$1,001 - $15,000
	REAL ESTATE (1100 EDWARD)	Sold	04-27-99	$15,001 - $50,000
	REAL ESTATE (2801 EARHART)	Sold	04-27-99	$1,001 - $15,000
	LA STAD & EXP 5.75% BOND	Purchase	01-01-99	$1,001 - $15,000
	E BATON ROUGE MGT 6.1%	Purchase	01-01-99	$1,001 - $15,000
	HIBERNIA MONEY MARKET	Purchase	05-01-99	$1,001 - $15,000
	HEARST ARGYLE TV	Exchange	02-01-99	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	HIBERNIA BANK	SECURED BY 2520 METAIRIE ROAD	$100,001 - $250,000
	HIBERNIA BANK	SECURED BY INVESTMENT ASSETS	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
CAMPAIGN & ELECTIONS MAGAZINE	06-04 & 06-05-99 --	NEW ORLEANS TO WASHINGTON	Y	Y	Y	N

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
MEMBER	ELMWOOD ESTATE DEVELOPMENT LLC

GREG WALDEN
2nd District, Oregon

1401 Longworth House Building
Washington, DC 20515-3312
Telephone: 202-225-6730

Medford Main Office
Suite 400
Medford, OR 97504
Telephone: 541-776-4646
Fax: 541-776-4648

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Government Management, Information and Technology
National Economic Growth, Natural Resources, and Regulatory Affairs

Website
http://www.house.gov/walden
E-Mail
greg.walden@mail.house.gov

Congress of the United States
House of Representatives

June 7, 2000

The Honorable Lamar Smith
Chairman
Committee on Standards of Official Conduct
HT2 Capitol Building
Washington, D.C. 20515

Dear Chairman Smith:

Upon submitting my 1999 Financial Disclosure (FD) to the Committee, I want to draw your attention to an inadvertent mistake I made on my 1998 FD. On the front of my 1999 FD I have made a note that this letter is attached to clarify this mistake.

In the process of compiling and researching my financial records for my 1999 FD and comparing them to my 1998 FD, I realized that I accidentally listed an asset on my 1998 FD that I did not own that year and mistakenly omitted an asset that I did own that year (and still do). Following is an explanation of each asset to clarify any potential appearance of discrepancy between my 1998 and 1999 FDs.

1. On my 1998 FD, I listed on Schedule III Prime Vest - Bank CD w/LaSalle National with a value between $1,000-15,000 with interest income between $200-1,000. In fact, I sold this asset on February 10, 1997 (it was purchased on February 3, 1995). During the time I held this CD, I earned 6.8 percent interest a year. The funds derived from this sale were subsequently used to purchase on February 19, 1997 the Oregon State Department Administrative Bond listed on Schedule III of my 1998 FD.

2. On my 1998 FD, I mistakenly omitted the Oregon State General Obligation Baccalaureate Bond listed on my 1999 FD. I purchased this bond in November of 1992 for $6,720 and its value at the end of 1999 was $11,064.40 with interest income of $642.00 in 1999. These are the values I've listed for this asset on my 1999 Financial Disclosure. Because it was purchased in 1992, I do not show it as a new asset purchase on my 1999 FD but I do list it as a current asset on Schedule III of my 1999 FD.

Please advise me if there is anything else I need to do to better clarify this inadvertent mistake on my 1998 FD. My 1999 FD, which accompanies this letter, is accurate to the best of my knowledge. Thank you.

Sincerely,

Greg Walden

Greg Walden
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

RECEIVED
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HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

Gregory Paul Walden
(Full Name)

1504 West Sherman Street
(Mailing Address)

Hood River OR 97031

Daytime Telephone (202) 225-6730

Filer Status					
	[X] Member of the U S House of Representatives	State OR District 02	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app. 4, 104 and 18 U S C 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Gregory Paul Walden	6-9-2000

(*) Letter attached -- explains inadvertent mistake on 1998 FD (*)

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Name Gregory Paul Walden	Page of

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Columbia Gorge Broadcasters, Inc., Hood River, OR	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

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Name Gregory Paul Walden	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year **Exclude** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None "	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description iin this block	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC JT	*Examples* SP Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Columbia Gorge Broadcasters, Inc	$1,000,001 - $5,000,000	Stock - No Income	None	
	State of Oregon PERS	$15,001 - $50,000	Dividends	NA	
	Columbia Bancorp Stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	
JT	Tower Property (land), 1190 22nd St , Hood River, OR 97031	$100,001 - $250,000	Rent	$15,001 - $50,000	
	PrimeVest IRA	$1,001 - $15,000	Dividends	NA	
	Oregon State Department Administrative Bond	$15,001 - $50,000	Interest	$201 - $1,000	

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Investment Company of America	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	Investment Company of America - IRA	$15,001 - $50,000	Capital Gains and Dividends	NA	
	Growth Fund of America - IRA	$15,001 - $50,000	Capital Gains and Dividends	NA	
	Columbia River Bank - Savings	None	Interest	$201 - $1,000	
	Oregon State General Obligation Baccalaureate Bond	$1,001 - $15,000	Interest	$201 - $1,000	
	Prime Vest Money Market	$1,001 - $15,000	Interest	$1 - $200	
SP	Prime Vest IRA	$1,001 - $15,000	Dividends	NA	
	Columbia River Bank - DDA	$1,001 - $15,000	Interest	$1 - $200	
SP	Investment Company of America - IRA	$15,001 - $50,000	Capital Gains and Dividends	NA	
SP	Growth Fund of America - IRA	$15,001 - $50,000	Capital Gains and Dividends	NA	

Name Gregory Paul Walden | Page of

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Columbia Bancorp - Stock	Purchase	07-30-99	$15,001 - $50,000

Name Gregory Paul Walden	Page ___ of ___

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
JT	Grace Fey, Hood River, OR	Mortgage on 1190 22nd St. Tower Property, Hood River, OR, 97031	$50,001 - $100,000

Name Gregory Paul Walden | Page of

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce Mega Corporation	Mar 2 Aug 6-13	Wash., D.C.-Chicago-Wash., D.C. Wash., D.C.-Los Angeles-Cleveland	N Y	N Y	N Y	N 4 Days
American Israel Education Foundation	11-26-12-5	Portland-Tel Aviv-Washington, D.C.	Y	Y	Y	None

Name Gregory Paul Walden	Page of

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
President	Columbia Gorge Broadcasters, Inc
Director	Associated Oregon Industries
Director	Columbia Bancorp, Columbia River Bank (resigned early 1999)
Director	Cascade Pacific Council, Boy Scouts of America
Director	Oregon Health Sciences Foundation
Secretary/Treasurer	MSW Communications, LLC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 6:36

HAND DELIVERED
(Office Use Only)

JAMES T. WALSH
(Full Name)

400 BROADVIEW DRIVE
(Mailing Address)

SYRACUSE, NEW YORK 13215

Daytime Telephone
(202) 225-3701

Filer Status	[X] Member of the U.S. House of Representatives	State NEW YORK District 25TH	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION — Have you excluded from this report any other assets, unearned income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (*See* 5 U.S.C. app. 4 § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	James T. Walsh	May 1, 2000

4909

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	ONONDAGA COMMUNITY COLLEGE	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E, P
SP	Examples: SP Mega Corp Stock					X								X										X								
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	Examples: 1st Bank of Paducah KY accounts						X									X										X						
	PRUDENTIAL SECURITIES																															
	IRA ROLLOVER																															
	ACCOUNTS HOLDING																															
	THE FOLLOWING ASSETS:																															
	LUCENT TECHNOLOGIES, INC.			X										X			X							X								S
	MERCK & CO.			X										X			X							X								S

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES T. WALSH

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	MICROSOFT CORP. WASHINGTON				X																										
	SUN MICROSYSTEMS, INC.				X																										P
	PRUDENTIAL EQUITY INCOME FUND				X									X										X							P, S
	PRUDENTIAL BALANCED FUND, INC.	X												X										X							P, S
	VAN KAMPER AMERICAN CAPITAL GOVERNMENT			X										X			X						X		X						P, S
	CISCO SYSTEMS, INC.			X																											P
	GENERAL ELECTRIC CO.			X																											P
	ORACLE CORP.			X																											P
	RED HOT			X																											P
	NATIONAL EQUITY TRUST LOW FIVE	X															X							X							S

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SCHEDULE IV — TRANSACTIONS

Name JAMES T. WALSH

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP DC JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	PRUDENTIAL BALANCED FUND	X			QUARTERLY *	X									
	PRUDENTIAL BALANCED FUND		X		11/22/99	X									
	PRUDENTIAL BALANCED FUND		X		12/14/99	X									
	PRUDENTIAL EQUITY INCOME FUND	X			QUARTERLY *	X									
	PRUDENTIAL EQUITY INCOME FUND		X		11/22/99	X									
	CISCO SYSTEMS, INC.	X			11/22/99	X									
	CISCO SYSTEMS, INC.	X			12/14/99	X									
	CORAL CORP.	X	(S)		12/28/99	X									
	GENERAL ELECTRIC CO.	X			12/14/99	X									
	ORACLE CORP.	X			11/22/99	X									
	RED HAT, INC.	X			11/22/99	X									
	VAN KAMPER		X		11/22/99	X									
	VAN KAMPER		X		12/14/99	X									
(S)	SOLD FOR LESS THAN $1,000														
*	SHARES ACQUIRED UNDER DIVIDEND REINVESTMENT PLAN														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	U.S. GOVERNMENT DEPARTMENT OF EDUCATION	DIRECT STUDENT LOAN		X								
	KEY EDUCATION RESOURCES, KEY BANK,											
	SYRACUSE, NY	PERSONAL (STUDENT) LOAN		X								
	EDUCATIONAL FINANCE GROUP, SAN DIEGO	PERSONAL (STUDENT) LOAN		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE IV — TRANSACTIONS

Name JAMES T. WALSH

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	SUN MICROSYSTEMS, INC.	X			11/22/99	X									
	SUN MICROSYSTEMS, INC.	X			12/14/99	X									
	LUCENT TECHNOLOGIES, INC.		X		05/10/99	X									
	MERCK & CO.		X		05/05/99	X									
	NATIONAL EQUITY TRUST LOW FIVE		X		02/12/99	X									

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
DIRECTOR	ERIE CANAL MUSEUM
DIRECTOR	KIDNEY FOUNDATION - CNY CHAPTER
TRUSTEE	VERA HOUSE
DIRECTOR	EVERSON MUSEUM

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
N/A	NEW YORK STATE LOCAL RETIREMENT SYSTEM	PENSION PLAN INTEREST AVAILABLE AT RETIREMENT AGE
N/A	BELL ATLANTIC (FORMERLY NYNEX)	PENSION PLAN INTEREST AVAILABLE AT RETIREMENT AGE

GPO 2000 - 62 753 (HRK)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE DISCLOSURE CENTER
00 MAY 16 AM 11:55
CLERK
HOUSE OF REPRESENTATIVES
MAY 12 2000
(Office Use Only)

ZACHARY P. WAMP
2044 MARINA COVE DRIVE
HIXSON, TN 37343
(Mailing Address)

423/756-0052
(Daytime Telephone)

Filer Status: [X] Member of the U.S. House of Representatives — State TN District 3 [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Zach Wamp	5/12/00

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Name ZACHARY P. WAMP | Page 2 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Mega Corp Stock					X								X										X								
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
JT	TENNESSEE VALLEY CREDIT UNION			X												X							X									
DC	AMERICAN EXPRESS FINANCIAL SERVICES			X										X									X									

For additional assets and unearned income, use next page.

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

For use by Members, officers, and employees

00 MAY 15 PM 4:21

MAXINE WATERS
(Full Name)

555 SOUTH FLOWER STREET, SUITE 4510
(Mailing Address)

Daytime Telephone

LOS ANGELES, CA 90071 (213) 489-4792

MC HAND DELIVERED
(Office Use Only)

27

Filer Status	[X] Member of the U.S. House of Representatives	State CA District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Maxine Waters	5/15/00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependant child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock	E X	DIVIDENDS X	IV X	P
	Simon & Schuster	Indefinite	Royalties	IX X	
	1st Bank of Paducah, KY accounts	F X	INTEREST X	VI X	
SP	FOUNDERS NATIONAL BANK OF LOS ANGELES	C X	INTEREST X	III X	
	CONGRESSIONAL FED.CRED.UN.	C X	INTEREST X	III X	
SP	KEMPER CA TAX FREE FUND (HELD BY MERRILL LYNCH)	D X	DIVIDENDS X	IV X	
SP	AMERICAN GOLF JT. VENTURE	E X	DIVIDENDS X; Partnership Income	I P; VII X	
SP	ESSENCE COMMUNICATIONS	E X	DIVIDENDS X	IV X	
SP	TRACT UNIT 3557,LOT 96,CA	D X		I X	

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MAXINE WATERS

Page 3 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	417 PEARL ST.,COMPTON,CA					X									X											X						
SP	2201 KIRK ST.,HOUSTON,TX			X																	X											
SP	1520-22 MEADOWBROOK;L.A.,CA							X							X											X						
	3475 MT.VERNON; L.A.,CA							X							X						X											
SP	701 W.BARSTOW,PALM SPRINGS,CA			X																	X											
	FAMILY SAVINGS			X												X						X										
	MERRILL LYNCH MONEY MKT. (IRA)		X											X							X											
	KEYSTONE SMALL C.FUND (IRA)			X										X		X					X											
	MERRILL LYNCH CAP.FUND (IRA)			X										X		X							X									
	GLOBAL ALLOCATION FUND (IRA)			X										X		X							X									
SP	MER.LYNCH MONEY MKT. (IRA)		X											X								X										
SP	US TREASURY TIGR SER.1 (IRA)			X												X					X											
SP	MER.LYNCH CAP FUND (IRA)						X							X		X										X						
SP	GLOBAL ALLOCATION FUND (IRA)					X								X		X										X						
SP	SMALL CAP WORLD FUND (IRA)			X										X		X							X									
SP	MER.LYNCH MONEY MKT.				X									X									X									
SP	MER.LYNCH CAP FUND			X										X		X							X									
SP	GLOBAL ALLOC.FUND			X										X		X							X									

This page may be copied if more space is required.

Name MAXINE WATERS | Page 4 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	FOUNDERS NATIONAL BANK	Mortgage on 1520-22 Meadowbrook, Los Angeles, CA				X						
	FAMILY SAVINGS BANK	Mortgage on 3475 Mt.Vernon, Los Angeles, CA	X									
SP	METMOR FINANCIAL CORP.	Mortage on 417 Pearl St., Compton, CA			X							
SP	FOUNDERS NATIONAL BANK	CREDIT LINE		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Essence Communications	Jan.25-28	Wash,D.C.-New York	Y	Y	Y	N
Interreligious Foun.for Comm.Org	Feb.16-22	Los Angeles-Miami-Cuba-Miami-Wash.,D.C.	Y	Y	N	N
International Civil Rights Cente	Mar.13-14	Wash.,D.C.-Greenboro	Y	Y	Y	N
Women's Funding Network	Apr.16-17	Wash.,D.C.-New Orleans	Y	Y	N	N
Spellman College	May 14-17	Wash.,D.C.-Atlanta-Wash.,D.C.	Y	Y	N	N
So.Nevada Coalition of Com.Women	May 22	Los Angeles-Las Vegas-Los Angeles	N	Y	Y	N
Essence Communications	July 2-5	Wash.,D.C.-New Orleans	Y	Y	Y	N
Ebenezer Baptist Church	July 17-19	Wash.,D.C.-Atlanta-Wash.,D.C.	Y	Y	N	N
Urban League	Aug.10-15	Los Angeles-Houston	Y	Y	Y	3 Days
Citizens Newspaper Group	Aug.20-22	Los Angeles-Chicago-Detroit	Y	Y	Y	N
Original New Grace Baptist Church	Aug.23	Detroit-Wash.,D.C.	N	Y	Y	N
The Millenium Conference	Aug.31-Sept.2	Los Angeles-Chicago	Y	Y	Y	N
Teamsters Union	Sept.11-13	Wash.,D.C.-St.Louis-Wash.,D.C.	Y	Y	N	N
Coalition of Labor Union Women	Sept.3-4	Chicago-St.Louis	Y	Y	Y	N

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Name MAXINE WATERS | Page 6 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
United Domestic Workers of America	Oct.2-3	Los Angeles-San Diego	Y	Y	N	N
San Diego NAACP	Oct.2-3	Los Angeles-San Diego	Y	Y	N	N
AIDS Outreach Center	Oct.23-24	Wash.,D.C.-Dallas-Wash.,D.C.	Y	Y	N	N
National Medical Association	Aug.8	Los Angeles-Las Vegas-Los Angeles	N	Y	Y	N
Essence Communications	Dec.16-17	Los Angeles-New York-Los Angeles	Y	Y	N	N
Picerne Development	March 5-6	Wash.,D.C.-Orlando	Y	Y	Y	N
Jackie Robinson Foundation	March 8	Orlando-New York-Wash.,D.C.	N	Y	Y	N
St.Louis Gateway Classic Sports Foundation	June 5-6	Los Angeles-St.Louis	Y	Y	N	N
Tyisha Miller Committee	June 20-21	Los Angeles-Riverside-Los Angeles	Y	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Director	Essence Communications
President	Black Women's Forum
Director	Gourmet Services
Director	Transafrica Foundation
Director	National Commission for Economic Conversion & Disarmament
Director	Minority AIDS Project

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Clara Elizabeth Jackson Carter Foundation, Spellman College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Location	Room	Type	Office Jurisdiction	Maximum Meeting Capacities: Theater Style	Conference Style: w/chair perimeter U-Shape/Box	Conference Style: no chair perimeter U-Shape/Box	Maximum Meal Capacities: Buffet	Head Table	Maximum Seated	Recpt.	Sq Ft.	Special Conditions	Dimension
Capitol	EF-100 (5-2418)	Multi Purpose	Architect	50			40	40	50	75	784		28'x28'
Capitol	H-117* (5-6308)	Meals	Special Events				80	80	100	300	1725	Recess/Weekends	
Capitol	H-120* (5-6300)	Meals	Special Events				50	50	60	100	928	Recess/Weekends	
Capitol	H-130 & 131* (5-2820)	Meals	Special Events				80	40	60	125	743/365	Available for breakfast until 9:30 am and dinner when House is not in session	
CHOB	121** (5-1831)	Multi Purpose	Special Events	70	63/69	27/36	40	40	50	80	585	$300 fee for outside caterers	24.8'x22.7'
FHOB	108 (3-0285)	Meetings	Special Events		60		No Food				918	Conf. Style/Meetings/Podium	
FHOB	170 (3-0115)	Meetings	Special Events			30	No Food				418	Conf. Style/U Shape/Meetings	
FHOB	301 (6-4380)	Meetings	Special Events	50			No Food				418	Theatre Style/Meetings	
FHOB	390 (6-4942)	Meetings	Special Events			30	No Food				418	Conf. Style/U Shape/Meetings	
FHOB	480 (6-4480)	Meetings	Special Events	70			No Food				918	Theater Style/Meetings	22'x43'
LHOB	1116** (6-1615)	Multi Purpose	Special Events	60	30/56	15/21	30	26	30	60	480	$300 fee for outside caterers	27.6'x14.4'
LHOB	1539** (6-3940)	Multi Purpose	Special Events	70	39/60	24/36	50	50	60	80	685	$300 fee for outside caterers	33.8'x20'
LHOB	8219 Longworth Dining Rm*	Meals	Special Events				120	120	120	200	3000	Events may start after 5:30 PM	
LHOB	8223 Longworth Food Court*	Meals	Special Events				160	160	180	350	4000	Events may start after 6:00 PM	
O'Neill	116 (5-6384)	Meetings	Special Events	75							1408	Pre-set theater style	32'x44'
RHOB	2105** (5-6475)	Multi Purpose	Special Events	60	50/65	24/36	40	40	50	60	630	$300 fee for outside caterers	30'x21'
RHOB	2168 Gold Rm**	Multi Purpose	Special Events	150	75/102	36/52	90	90	100	200	1484	$500 fee for outside caterers	28'x53'x14'
RHOB	B338*	Meals	Special Events				80	80	90	150	1093		32'x35'
RHOB	B338 & B339*	Meals	Special Events				210	210	230	390	2816		32'x87'
RHOB	B338, B339 & B340*	Meals	Special Events				290	290	320	540	3939		96'x35'
RHOB	B338*	Meals	Special Events				130	130	140	250	1723		32'x52'
RHOB	B339, B340*	Meals	Special Events				210	210	230	390	2846		32'x87'
RHOB	B340*	Meals	Special Events				80	80	90	150	1123		32'x35'
RHOB	B354*	Meals	Special Events				70	70	80	150	1216		32'x37'
RHOB	B369*	Meals	Special Events				80	90	100	150	1120		32'x30'
RHOB	0357 Rayburn Cafeteria*	Meals	Special Events				200	200	250	600	8000	Events may start after 5:30 PM	
RHOB	Rayburn Courtyard**	Multi Purpose	Special Events							800		Events may start after 4:00 PM. $500 fee for outside caterers	
RHOB	Rayburn Foyer**	Multi Purpose/ Exhibits	Special Events				120	120	140	250	1817	Events may start after 4:00 PM. $500 fee for outside caterers	23'x79'x33'
CHOB	105 (6-2105)	Self Schedule	Special Events			27	No Food				359	Conference Style/Meetings	
CHOB	122 (6-2422)	Self Schedule	Special Events	50			No Food				570	Theatre Style/Meetings	
CHOB	402 (6-4400)	Self Schedule	Special Events			42	No Food				475	Conference Style/Meetings	
CHOB	441 (6-4441)	Self Schedule	Special Events			46	No Food				355	Conference Style/Meetings	
CHOB	505 (6-4505)	Self Schedule	Special Events			22	No Food				280	Conference Style/Meetings	
LHOB	1116A (6-1616)	Self Schedule	Special Events			20	No Food				207	Conference Style/Meetings	18'x11.5'
LHOB	1629A (6-1631)	Self Schedule	Special Events			25	No Food				290	2 Conference Tables/Meetings	
LHOB	1640 (6-1640)	Self Schedule	Special Events			37	No Food				405	Conference Style/Meetings	
RHOB	2259 (6-2316)	Self Schedule	Special Events			20	No Food				245	3 Conference Tables/Meetings	
RHOB	2456 (6-4456)	Self Schedule	Special Events	50			No Food				360	Theater w/ Podium/Meetings	
Capitol	HC-5 (5-1568)	Multi Purpose	Speaker	100			100	100	120	200	1823		39'x47'
Capitol	HC-6 (5-1603)	Multi Purpose	Speaker	60			30/40	30/40	40/50	75	561	Round / Rectangle tables	17'x33'
Capitol	HC-7 (5-1607)	Multi Purpose	Speaker	30			20	20	25	60	400		20'x20'
Capitol	HC-8 (5-1613)	Multi Purpose	Speaker	60			30/40	30/40	40/50	75	561	Round / Rectangle tables	17'x33'
CHOB	345 Cannon Caucus(56450)	Multi Purpose	Speaker	400			250	250	300	450	4275		67'x75'x33'

* Rooms are assigned exclusively to Guest Services Inc. for food service only and are scheduled by meal period.
** Rooms are assigned to Guest Services Inc. for catered events; groups using outside caterers must pay a fee.

Contact for reservations: Architect of the Capitol: 6-1709 CAD Special Events Office 5-3374 Speakers Office Information: 5-0600, Reservations by Fax only - 6-1905
For any questions contact Special Events at 5-3374.

As of 1/00

U.S. HOUSE OF REPRESENTATIVES
MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements of those persons required to file them.

In accordance with House Rule 51, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon HOB, within 30 days after travel is completed. The Clerk shall make these forms available to the public as soon as possible after they are filed. Provide a good faith estimate of all expenses.

NAME OF MEMBER: REP. MAXINE WATERS

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO MEMBER: N/A

DATES OF TRAVEL: APRIL 16-17, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): WASHINGTON to NEW ORLEANS to WASHINGTON

SPONSOR (WHO PAID FOR THE TRIP): WOMEN'S FUNDING NETWORK

PURPOSE OF TRIP: KEYNOTE SPEAKER AT PLENARY SESSION OF WOMEN'S FUNDING NETWORK NATIONAL CONFERENCE

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	$ $1,339	$
TOTAL LODGING	$ 189	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	NONE	$

RECEIVED
00 MAY 15 PM 4:21
LEGISLATIVE RESOURCE CENTER
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member of the House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE: Maxine Waters DATE: 5/15/2000

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U.S. HOUSE OF REPRESENTATIVES
EMPLOYEE TRAVEL DISCLOSURE FORM

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NAME OF EMPLOYEE: NATE WOODWARD

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO EMPLOYEE: N/A

DATES OF TRAVEL: APRIL 16-17, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): WASHINGTON to NEW ORLEANS to WASHINGTON

SPONSOR (WHO PAID FOR THE TRIP): WOMEN'S FUNDING NETWORK

PURPOSE OF TRIP: TO ACCOMPANY MEMBER WHO WAS KEYNOTE SPEAKER AT PLENARY SESSION OF WOMEN'S FUNDING NETWORK NATIONAL CONFERENCE

EXPENSES	For Employee	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 1339	$
TOTAL LODGING	$ 189	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	NONE	$

SIGNATURE OF EMPLOYEE: Nathaniel Woodward DATE: 5-15-00

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that he/she is using public office for private gain.

NAME OF SUPERVISING MEMBER: REP. MAXINE WATERS

SIGNATURE OF SUPERVISING MEMBER: Maxine Waters DATE: 5/15/00

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U.S. HOUSE OF REPRESENTATIVES
MEMBER/OFFICER TRAVEL DISCLOSURE FORM

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NAME OF MEMBER: REP. MAXINE WATERS

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO MEMBER: N/A

DATES OF TRAVEL: MAY 14-16, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): WASHINGTON to ATLANTA to WASHINGTON

SPONSOR (WHO PAID FOR THE TRIP): SPELMAN COLLEGE

PURPOSE OF TRIP: COMMENCEMENT SPEAKER AT GRADUATION; RELATED BACCALAUREATE AND OTHER ACTIVITIES

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 1088	$
TOTAL LODGING	$ 228 for 2 nights	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	NONE	$

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member of the House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE: Maxine Waters DATE: 5/15/00

/u/public/admin/ethics/travel/0_disclosure.form pl

U.S. HOUSE OF REPRESENTATIVES
EMPLOYEE TRAVEL DISCLOSURE FORM

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NAME OF EMPLOYEE: NATE WOODWARD

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO EMPLOYEE: N/A

DATES OF TRAVEL: MAY 14-16, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): WASHINGTON to ATLANTA to WASHINGTON

SPONSOR (WHO PAID FOR THE TRIP): SPELMAN COLLEGE

PURPOSE OF TRIP: ACCOMPANY MEMBER WHO WAS COMMENCEMENT SPEAKER AT GRADUATION; RELATED BACCALAUREATE AND OTHER ACTIVITIES

EXPENSES	For Employee	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 544	$
TOTAL LODGING	$ 228 for 2 nights	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	NONE	$

SIGNATURE OF EMPLOYEE: Nathaniel Woodward **DATE:** 5-15-00

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that he/she is using public office for private gain.

NAME OF SUPERVISING MEMBER: REP. MAXINE WATERS

SIGNATURE OF SUPERVISING MEMBER: Maxine Waters **DATE:** 5/15/00

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U.S. HOUSE OF REPRESENTATIVES
MEMBER/OFFICER TRAVEL DISCLOSURE FORM

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NAME OF MEMBER: REP. MAXINE WATERS

NAME OF ACCOMPANYING FAMILY MEMBER: SIDNEY WILLIAMS

RELATIONSHIP TO MEMBER: SPOUSE

DATES OF TRAVEL: MAY 22, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): LOS ANGELES to LAS VEGAS to LOS ANGELES

SPONSOR (WHO PAID FOR THE TRIP): SOUTHERN NEVADA COALITION OF CONCERNED WOMEN

PURPOSE OF TRIP: KEYNOTE SPEAKER AT LUNCHEON

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 340	$ 340
TOTAL LODGING	NONE	NONE
TOTAL MEAL	$ 20	$ 20
TOTAL OF ALL OTHER	$ 43	NONE

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member of the House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE: Maxine Waters DATE: 5/15/00

/u/public/admin/ethics/travel/0_disclosure.form pl

U.S. HOUSE OF REPRESENTATIVES
MEMBER/OFFICER TRAVEL DISCLOSURE FORM

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NAME OF MEMBER: REP. MAXINE WATERS

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO MEMBER: N/A

DATES OF TRAVEL: JUNE 20-21, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): LOS ANGELES to RIVERSIDE, CA to LOS ANGELES

SPONSOR (WHO PAID FOR THE TRIP): TYISHA MILLER COMMITTEE

PURPOSE OF TRIP: FEATURED SPEAKER AT A RALLY TO CALL FOR REFORM OF POLICE PROCEDURES

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	NONE	$
TOTAL LODGING	$ 205	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	NONE	$

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member of the House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE: Maxine Waters **DATE:** 5/15/00

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U.S. HOUSE OF REPRESENTATIVES
EMPLOYEE TRAVEL DISCLOSURE FORM

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NAME OF EMPLOYEE: NATE WOODWARD

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO EMPLOYEE: N/A

DATES OF TRAVEL: JUNE 20-21, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): LOS ANGELES to RIVERSIDE, CA to LOS ANGELES

SPONSOR (WHO PAID FOR THE TRIP): TYISHA MILLER COMMITTEE

PURPOSE OF TRIP: ACCOMPANY MEMBER WHO WAS FEATURED SPEAKER AT A RALLY TO CALL FOR REFORM OF POLICE PROCEDURES

EXPENSES	For Employee	For accompanying spouse or child
TOTAL TRANSPORTATION	NONE	$
TOTAL LODGING	$ 154	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	NONE	$

SIGNATURE OF EMPLOYEE: Nathaniel Woodward DATE: 5-15-00

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that he/she is using public office for private gain.

NAME OF SUPERVISING MEMBER: REP. MAXINE WATERS

SIGNATURE OF SUPERVISING MEMBER: Maxine Waters DATE: 5/15/2000

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U.S. HOUSE OF REPRESENTATIVES
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NAME OF MEMBER: REP. MAXINE WATERS

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO MEMBER: N/A

DATES OF TRAVEL: JULY 17-18, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): WASHINGTON to ATLANTA to WASHINGTON

SPONSOR (WHO PAID FOR THE TRIP): EBENEZER BAPTIST CHURCH

PURPOSE OF TRIP: KEYNOTE SPEAKER AT EBENEZER BAPTIST CHURCH'S WOMEN'S DAY OBSERVANCE

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 1218	$
TOTAL LODGING	$ 171	$
TOTAL MEAL	$ 34	$
TOTAL OF ALL OTHER	$ 127	$

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member of the House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE: Maxine Waters **DATE:** 5/15/00

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U.S. HOUSE OF REPRESENTATIVES
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NAME OF EMPLOYEE: NATE WOODWARD

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO EMPLOYEE: N/A

DATES OF TRAVEL: JULY 17-18, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): WASHINGTON to ATLANTA to WASHINGTON

SPONSOR (WHO PAID FOR THE TRIP): EBENEZER BAPTIST CHURCH

PURPOSE OF TRIP: ACCOMPANY MEMBER WHO WAS THE KEYNOTE SPEAKER AT EBENEZER BAPTIST CHURCH'S WOMEN'S DAY OBSERVANCE

EXPENSES	For Employee	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 258	$
TOTAL LODGING	$ 86	$
TOTAL MEAL	$ 31	$
TOTAL OF ALL OTHER	$ 29	$

SIGNATURE OF EMPLOYEE: Nathaniel Woodward DATE: 05-15-00

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that he/she is using public office for private gain

NAME OF SUPERVISING MEMBER: REP. MAXINE WATERS

SIGNATURE OF SUPERVISING MEMBER: Maxine Waters DATE: 5/15/00

/u/public/admin/ethics/travel/0_disclosure.form.p2

U.S. HOUSE OF REPRESENTATIVES

MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for speaking, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements of those persons required to file them.

In accordance with House Rule 51, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon HOB, within 30 days after travel is completed. The Clerk shall make these forms available to the public as soon as possible after they are filed. Provide a good faith estimate of all expenses.

NAME OF MEMBER: REP. MAXINE WATERS

NAME OF ACCOMPANYING FAMILY MEMBER: SIDNEY WILLIAMS

RELATIONSHIP TO MEMBER: SPOUSE

DATES OF TRAVEL: AUGUST 8, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): LOS ANGELES to LAS VEGAS to LOS ANGELES

SPONSOR (WHO PAID FOR THE TRIP): NATIONAL MEDICAL ASSOCIATION

PURPOSE OF TRIP: SPEAKER AT SYMPOSIUM ON RACISM IN MEDICINE AND RESTRUCTURING THE RESEARCH PARADIGMS REGARDING SUBSTANCE ABUSE IN COMMUNITIES OF COLOR

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 172	$ 172
TOTAL LODGING	NONE	NONE
TOTAL MEAL	NONE	NONE
TOTAL OF ALL OTHER	NONE	NONE

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member of the House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE: Maxine Waters DATE: 5/15/2000

/u/public/admin/ethics/travel/0_disclosure form pl

U.S. HOUSE OF REPRESENTATIVES
MEMBER/OFFICER TRAVEL DISCLOSURE FORM

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NAME OF MEMBER: REP. MAXINE WATERS

NAME OF ACCOMPANYING FAMILY MEMBER: SIDNEY WILLIAMS

RELATIONSHIP TO MEMBER: SPOUSE

DATES OF TRAVEL: AUGUST 10-15, 1999

DATES AT PERSONAL EXPENSE: AUGUST 12-14, 1999

DESTINATION(S): LOS ANGELES to HOUSTON to LOS ANGELES

SPONSOR (WHO PAID FOR THE TRIP): NATIONAL URBAN LEAGUE

PURPOSE OF TRIP: SPEAKER AT THE TOWN HALL MEETING ON THE POLICE AND PEOPLE OF COLOR, AT THE NATIONAL URBAN LEAGUE'S ANNUAL CONFERENCE

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 1806	$ 1806
TOTAL LODGING	$ 580 for 2 nights	$ N/A
TOTAL MEAL	$ NONE	$ NONE
TOTAL OF ALL OTHER	$ NONE	$ NONE

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member of the House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE: Maxine Waters **DATE:** 5/15/00

/u/public/admin/ethics/travel/0_disclosure.form pl

U.S. HOUSE OF REPRESENTATIVES

MEMBER/OFFICER TRAVEL DISCLOSURE FORM

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NAME OF MEMBER: REP. MAXINE WATERS

NAME OF ACCOMPANYING FAMILY MEMBER: SIDNEY WILLIAMS

RELATIONSHIP TO MEMBER: SPOUSE

DATES OF TRAVEL: AUGUST 20-23, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): LOS ANGELES to CHICAGO to DETROIT to WASHINGTON

SPONSOR (WHO PAID FOR THE TRIP): Air travel for LOS ANGELES to CHICAGO to DETROIT and hotel in CHICAGO paid for by QUENTIS B. GARTH FOUNDATION. Air travel for DETROIT to WASHINGTON and hotel in DETROIT paid for by ORIGINAL NEW GRACE BAPTIST CHURCH.

PURPOSE OF TRIP: IN CHICAGO, SPEAKER AT THE QUENTIS B. GARTH FOUNDATION FUNDRAISER. IN DETROIT, SPEAKER AT ORIGINAL NEW GRACE BAPTIST CHURCH'S WOMEN'S DAY SERVICES.

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 277 (Chi) + 176 (Det)	$ 233 + 176
TOTAL LODGING	$ 770 (Chi) + 404 (Det)	$ N/A
TOTAL MEAL	$ 55 (Det)	$ 55
TOTAL OF ALL OTHER	$ 522 (Det)	$ N/A

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member of the House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE: Maxine Waters DATE: 5/15/00

/u/public/admin/ethics/travel/0_disclosure.form pl

U.S. HOUSE OF REPRESENTATIVES
MEMBER/OFFICER TRAVEL DISCLOSURE FORM

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NAME OF MEMBER: REP. MAXINE WATERS

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO MEMBER: N/A

DATES OF TRAVEL: AUGUST 31 - SEPTEMBER 3, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): LOS ANGELES to CHICAGO to LOS ANGELES

SPONSOR (WHO PAID FOR THE TRIP): AIRFARE SHARED EVENLY BY NEXT MILLENNIUM CONFERENCE (LAUREL CONSULTING GROUP) and COALITION OF LABOR UNION WOMEN

PURPOSE OF TRIP: (a) KEYNOTE SPEAKER AT CLOSING SESSION OF THE NEXT MILLENNIUM CONFERENCE ON ENDING DOMESTIC VIOLENCE, and (b) RECIPIENT OF MARY MCLEOD BETHUNE AWARD AND KEYNOTE SPEAKER AT 25TH ANNIVERSARY CONVENTION OF THE COALITION OF LABOR UNION WOMEN

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 2869	$
TOTAL LODGING	$ 700 + 299	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	$ 847	$

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member of the House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE: Maxine Waters DATE: 2/13/00

/u/public/admin/ethics/travel/0_disclosure.form pl

U.S. HOUSE OF REPRESENTATIVES

EMPLOYEE TRAVEL DISCLOSURE FORM

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In accordance with House Rule 51, please complete this form and file it with the CLerk of the House of Representatives, B-106 Cannon HOB, within 30 days after travel is completed. The Clerk shall make these forms available to the public as soon as possible after they are filed. Provide a good faith estimate of all expenses.

NAME OF EMPLOYEE: NATE WOODWARD

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO EMPLOYEE: N/A

DATES OF TRAVEL: AUGUST 31 - SEPTEMBER 3, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): LOS ANGELES to CHICAGO to LOS ANGELES

SPONSOR (WHO PAID FOR THE TRIP): AIRFARE SHARED EVENLY BY NEXT MILLENNIUM CONFERENCE (LAUREL CONSULTING GROUP) and COALITION OF LABOR UNION WOMEN

PURPOSE OF TRIP: ACCOMPANY MEMBER WHO WAS (a) KEYNOTE SPEAKER AT CLOSING SESSION OF THE NEXT MILLENNIUM CONFERENCE ON ENDING DOMESTIC VIOLENCE, and (b) RECIPIENT OF MARY MCLEOD BETHUNE AWARD AND KEYNOTE SPEAKER AT 25TH ANNIVERSARY CONVENTION OF THE COALITION OF LABOR UNION WOMEN

EXPENSES	For Employee	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 2869	$
TOTAL LODGING	$ 398 + 299	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	NONE	$

SIGNATURE OF EMPLOYEE: Nate Woodward DATE: 5-15-00

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that he/she is using public office for private gain.

NAME OF SUPERVISING MEMBER: REP. MAXINE WATERS

SIGNATURE OF SUPERVISING MEMBER: Maxine Waters DATE: 2-15-00

/u/public/admin/ethics/travel/0_disclosure.form.p2

U.S. HOUSE OF REPRESENTATIVES

MEMBER/OFFICER TRAVEL DISCLOSURE FORM

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NAME OF MEMBER: REP. MAXINE WATERS

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO MEMBER: N/A

DATES OF TRAVEL: OCTOBER 2-3, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): LOS ANGELES to SAN DIEGO to LOS ANGELES

SPONSOR (WHO PAID FOR THE TRIP): Costs were shared by UNITED DOMESTIC WORKERS OF AMERICA and SAN DIEGO NAACP

PURPOSE OF TRIP: KEYNOTE SPEAKER AT (a) STATE CONVENTION OF THE UNITED DOMESTIC WORKERS, and (b) KEYNOTE SPEAKER AT NAACP PRESIDENT'S AWARD BANQUET

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 259	$
TOTAL LODGING	$ 275	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	NONE	$

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member of the House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE: Maxine Waters **DATE:** 2/15/00

/u/public/admin/ethics/travel/0_disclosure.form pl

U.S. HOUSE OF REPRESENTATIVES
EMPLOYEE TRAVEL DISCLOSURE FORM

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NAME OF EMPLOYEE: NATE WOODWARD

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO EMPLOYEE: N/A

DATES OF TRAVEL: OCTOBER 2-3, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): LOS ANGELES to SAN DIEGO to LOS ANGELES

SPONSOR (WHO PAID FOR THE TRIP): Costs were shared by UNITED DOMESTIC WORKERS OF AMERICA and SAN DIEGO NAACP

PURPOSE OF TRIP: ACCOMPANY MEMBER WHO WAS KEYNOTE SPEAKER AT (a) STATE CONVENTION OF THE UNITED DOMESTIC WORKERS, and (b) KEYNOTE SPEAKER AT NAACP PRESIDENT'S AWARD BANQUET

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 259	$
TOTAL LODGING	$ 87	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	NONE	$

SIGNATURE OF EMPLOYEE: Nathaniel Woodward **DATE:** 5-15-00

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that he/she is using public office for private gain.

NAME OF SUPERVISING MEMBER: REP. MAXINE WATERS

SIGNATURE OF SUPERVISING MEMBER: Maxine Waters **DATE:** 2/15/00

/u/public/admin/ethics/travel/0_disclosure.form.p2

U.S. HOUSE OF REPRESENTATIVES
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NAME OF MEMBER: REP. MAXINE WATERS

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO MEMBER: N/A

DATES OF TRAVEL: OCTOBER 23-24, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): WASHINGTON to FORTH WORTH to WASHINGTON

SPONSOR (WHO PAID FOR THE TRIP): AIDS OUTREACH CENTER

PURPOSE OF TRIP: KEYNOTE SPEAKER ABOUT STOPPING AIDS IN OUR COMMUNITIES AT LEADERSHIP ROUNDTABLE AND RECEPTION

EXPENSES	For Member	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 2197	$
TOTAL LODGING	$ 169	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	NONE	$

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member of the House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE: Maxine Waters DATE: 2-15-00

/u/public admin/ethics/travel/0_disclosure.form pl

U.S. HOUSE OF REPRESENTATIVES
EMPLOYEE TRAVEL DISCLOSURE FORM

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NAME OF EMPLOYEE: ***

NAME OF ACCOMPANYING FAMILY MEMBER: NONE

RELATIONSHIP TO MEMBER: N/A

DATES OF TRAVEL: OCTOBER 23-24, 1999

DATES AT PERSONAL EXPENSE: NONE

DESTINATION(S): WASHINGTON to FORTH WORTH to WASHINGTON

SPONSOR (WHO PAID FOR THE TRIP): AIDS OUTREACH CENTER

PURPOSE OF TRIP: ACCOMPANY MEMBER WHO WAS KEYNOTE SPEAKER ABOUT STOPPING AIDS IN OUR COMMUNITIES AT LEADERSHIP ROUNDTABLE AND RECEPTION

EXPENSES	For Employee	For accompanying spouse or child
TOTAL TRANSPORTATION	$ 322	$
TOTAL LODGING	$ 129	$
TOTAL MEAL	NONE	$
TOTAL OF ALL OTHER	NONE	$

SIGNATURE OF EMPLOYEE: Nathaniel Woodward DATE: 5-15-00

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that he/she is using public office for private gain.

NAME OF SUPERVISING MEMBER: REP. MAXINE WATERS

SIGNATURE OF SUPERVISING MEMBER: Maxine Waters DATE: 2-15-00

/u/public/admin/ethics/travel/0_disclosure.form.p2

MAXINE WATERS
MEMBER OF CONGRESS
35TH DISTRICT, CALIFORNIA

CHIEF DEPUTY WHIP

COMMITTEES:
BANKING AND FINANCIAL SERVICES

JUDICIARY

Congress of the United States
House of Representatives
Washington, DC 20515–0535

PLEASE REPLY TO:
2344 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–0535
(202) 225–2201
FAX (202) 225–7854

DISTRICT OFFICE
10124 S. BROADWAY
SUITE 1
LOS ANGELES, CA 90003
(323) 757-8900
FAX (323) 757-9506

May 25, 2000

HAND DELIVERED

The Honorable Lamar Smith
Chairman
Committee on Standards of Official Conduct
HT2, The Capitol
Washington, D. C. 20515-6328

Attention: Ms. Stacey Duffy

MC

2

00 MAY 31 AM 11:07
RECEIVED

Dear Mr. Smith

Attached is an amendment to my financial disclosure. Thank you

Sincerely,

Maxine Waters

Maxine Waters
Member of Congress

Enclosure

Name MAXINE WATERS | Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SIDNEY WILLIAMS, CONSULTING	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

CLERK'S OFFICE RESOURCE CENTER
00 MAY 15 PM 5:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

9

Wesley Wade Watkins
(Full Name)

711 Peaceable Acres
(Mailing Address)

Stillwater OK 74075

Daytime Telephone 202-225-4565

Filer Status	[X] Member of the U.S. House of Representatives — State OK District 03	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Wes Watkins	May 15, 2000

Name	Page 2 of 9
Les Watkins	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500

This page may be copied if more space is required.

Name Wes Watkins | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
JT	Personal Loan to World Export Services, Inc., Stillwater, OK		X													X										X						NA
JT	Vanguard Variable Annunity Kansas City, MO		X											X												X						NA
JT	Investco Mutual Fund Group, Denver, CO							X						Balance fund, total return Industrial Income, Fin Fund, Health fund, Tech fund, Worldwide Comm fund, Cash reserve fund																		NA

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Wes Watkins

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	American Century Funds, Kansas City, MO	F $100,001 – $250,000	Growth funds, select ultra funds, int'l funds, income & growth funds, value funds	I None	NA
JT	Stock Heartland Communication Richardson, TX	D $15,001 – $50,000	Reduced Value	I None	NA
JT	Personal Savings; Edward Jones Stillwater, OK	D $15,001 – $50,000	INTEREST	IV $1,001 – $2,500	NA
SP	TIAA/CREF, New York, NY	D $15,001 – $50,000	Education Retirement Acct.	III $201 – $1,000	NA
SP	CREF, New York, NY	D $15,001 – $50,000	Education Retirement Loan	II $1 – $200	NA
JT	World Export Services, Inc.	F $100,001 – $250,000	Repayment of Loan	VII $15,001 – $50,000	NA
JT	JANUS Mutual Fund Group Denver, CO	G $250,001 – $500,000	IRA Balance Funds	III $201 – $1,000	NA

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Name Leo Watkins | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–99		X								
JT	Franklin Valuemark Variable Annuity			X	01/99				X						
	LaJolla, CA														
JT	Lincoln Annuity, Ft. Wayne, IN		X		02/99	X	X								

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Name Wes Cristeno | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1995	World Export Services, Inc., Stillwater	Personal loan to purchase real estate and vehicle with monthly repayment schedule
1993	World Export Services, Inc., Stillwater, OK	Company approved Defined Benefit Pension for retirement investment

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

MELVIN L. WATT
(Full Name)

515 N. POPLAR STREET
(Mailing Address)

CHARLOTTE NC 28202

Daytime Telephone: (212) 225-1510

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: Melvin L. Watt

DATE (Month/Day/Year): 6-15-2000

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U S DEPT OF EDUCATION	SPOUSE'S SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	GENERAL MOTORS CORP	$1,001 - $15,000	Dividends	$201 - $1,000	
	BANK OF AMERICA	$100,001 - $250,000	Dividends	$2,501 - $5,000	
	CIRCUIT CITY	$15,001 - $50,000	Dividends	None - $200	
	KEMPER MUNICIPAL INCOME TRUST	$1,001 - $15,000	Dividends	$201 - $1,000	
	ARIEL APPRECIATION FUND - IRA	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	ARIEL APPRECIATION FUND - IRA	$1,001 - $15,000	Dividends	$201 - $1,000	
	MENTOR GROWTH TRUST - IRA		Dividends	$201 - $1,000	E
SP	MENNTOR GROWTH TRUST - IRA		Dividends	$201 - $1,000	E
	CENDENT CORP	$1,001 - $15,000	Dividends	None - $200	

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	TRANSAMERICA LIFE - IRA	$1,001 - $15,000	Interest	$201 - $1,000	
	EAST TOWNE MANOR, INC	None - $1,000		None - $200	
SP	STATE EMPLOYEES RETIREMENT SYSTEM	$50,001 - $100,000	Interest	None - $200	
SP	SCHOOLWORKERS FEDERAL CREDIT UNION	None - $1,000	Interest	None - $200	
SP	PRUDENTIAL COMMAND MONEY FUND	$1,001 - $15,000	Dividends	None - $200	
SP	DHEW FEDERAL CREDIT UNION	$15,001 - $50,000	Interest	$201 - $1,000	
SP	HALLWOOD REALTY PARTNERS	None - $1,000	Dividends	None - $200	
	HALLWOOD REALTY PARTNERS	None - $1,000	Dividends	None - $200	
	WHEAT FIRST UNION SECURITIES	None - $1,000	Rent	None - $200	
	LOT - LAKE HARTWELL, SC	$1,001 - $15,000		None - $200	
	COLLEGE LIFE	None - $1,000	Interest	None - $200	
	SKYLAND BROADCASTING				E
	WESTSIDE PROFESSIONAL ASSOCIATES, LTD	None - $1,000	Dividends	None - $200	
	MIDSOUTH CAPITAL GROUP				E
	EAST TOWNE MANOR, INC , REST HOME (SUB-S CORP), CHARLOTTE, NC	$500,001 - $1,000,000	REINVESTED PROFITS	$15,001 - $50,000	
	KEY WEST COMMUNICATIONS CORP				NA
	SCHOOLWORKERS FEDERAL CREDIT UNION	None - $1,000	Interest	None - $200	
	NC MEDICAL CARE REVENUE BONDS	$15,001 - $50,000	Interest	$201 - $1,000	
	NC EASTERN MUNICIPAL POWER BONDS	$1,001 - $15,000	Interest	$201 - $1,000	
	FORSYTHE COUNTY GENERAL OBLIGATION BONDS	$1,001 - $15,000	Interest	$201 - $1,000	
	AIM EQUITY FUND	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	PACIFIC GROWTH FUND-PRUDENTIAL SECURITIES		Dividends	$201 - $1,000	S
	EATON VANCE MUNICIPAL TRUST			$1,001 - $2,500	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	PRUDENTIAL COMMAND MONEY FUND	$1,001 - $15,000	Dividends	None - $200	
	MECHANICS & FARMERS BANK	$15,001 - $50,000	Dividends	$201 - $1,000	
	PRUDENTIAL GOVERNMENT SECURITIES TRUST		Dividends	$1,001 - $2,500	S
SP	ZWEIG STRATEGY FUND	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	MOTOROLA, INC		Dividends	None - $200	S
	MEDIAONE GROUP, INC	$15,001 - $50,000	Dividends	None - $200	
	PARAMETRIC TEECHNOLOGY CORP	None - $1,000	Dividends	None - $200	
	U S WEST, INC	None - $1,000	Dividends	None - $200	
	ZENITH ELECTRONICS CORP	None - $1,000	Dividends	None - $200	
	WACHOVIA BANK	None - $1,000	Interest	None - $200	
	SEA CONTAINERS, LTD	$1,001 - $15,000	Dividends	$201 - $1,000	
	WESTSIDE 2000 LTD	$500,001 - $1,000,000	Capital Gains	None - $200	
	ASTRONICS CORP	$1,001 - $15,000	Dividends	None - $200	
	RATHEON	None - $1,000	Dividends	None - $200	
	CONGRESSIONAL FEDERAL CREDIT UNION	None - $1,000	Interest	None - $200	
JT	L OT - 515-517 N POPLAR ST , CHARLOTTE, NC 1/2 INTEREST	$15,001 - $50,000		None - $200	
	STATE EMPLOYEES RETIREMENT SYSTEM	$15,001 - $50,000	Interest	$201 - $1,000	
	NATIONAL EQUITY TRUST	$1,001 - $15,000	Dividends	None - $200	
	PRUDENTIAL SECURITIES - IRA *				
	DAIMLER CHRYSLER AG*				S
	PRUDENTIAL COMMAND MONEY FUND*	$15,001 - $50,000	Dividends	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

MOTOROLA, INC.*			None - $200	S
OFFICE DEPOT*	$1,001 - $15,000	Dividends	None - $200	
SENSORMATIC ELECTRONIC *	$1,001 - $15,000	Dividends	None - $200	
SUMMIT PROPERTIES, INC*	$1,001 - $15,000	Dividends	$201 - $1,000	
AIM EQUITY FUNDS*	$15,001 - $50,000	Dividends	$201 - $1,000	
PARK PLAZA OFFICE CONDO ASSOCIATES, LLC*	$15,001 - $50,000	Capital Gains	None - $200	
BREED TECHNOLOGIES, INC*	None - $1,000	Dividends	None - $200	
FIRST FINANCIAL FUND*	$1,001 - $15,000	Dividends	None - $200	
UTS NET LOW*	$15,001 - $50,000	Dividends	$201 - $1,000	
GLENAYRE TECHNOLOGIES, INCCOMMERCIAL FEDERAL CORP*	$1,001 - $15,000	Dividends	None - $200	
HFS, INC*	$1,001 - $15,000	Dividends	None - $200	
3COM CORP*	$1,001 - $15,000	Dividends	$201 - $1,000	
BRITISH STEEL, PLC (CORUS)*		Dividends	$201 - $1,000	E
CENDENT CORP FELINE PRIDE*	$1,001 - $15,000	Dividends	$201 - $1,000	
COMPAQ COMPUTER CORP*	$1,001 - $15,000	Dividends	None - $200	
INTEL CORP*	$15,001 - $50,000	Dividends	None - $200	
ELI LILLY & CO*		Dividends	None - $200	S
MCI WORLDCOM*	$15,001 - $50,000	Dividends	None - $200	
MODIS PROFESSIONAL SERVICES*	$1,001 - $15,000	Dividends	None - $200	
COMMERCIAL FEDERAL CORP	$1,001 - $15,000	Dividends	None - $200	
NIKE				S
CORUS GRPUP PLC*	$1,001 - $15,000	Dividends	None - $200	E
CRESCENT REAL ESTATE EQUITIES*	$1,001 - $15,000	Dividends	$201 - $1,000	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	DELL COMPUTER*	$1,001 - $15,000	Dividends	None - $200	P
	FOX ENTERTAINMENT GROUP*	$1,001 - $15,000	Dividends	None - $200	P
	R & B FALCON CORP*	$1,001 - $15,000	Dividends	None - $200	P
	SAKS, INC*	$1,001 - $15,000	Dividends	None - $200	P
	FAMILY DOLLAR STORES	$1,001 - $15,000	Dividends	None - $200	P
	FIRST UNION CORP	$1,001 - $15,000	Dividends	None - $200	P
	JEFFERSON PILOT CORP	$1,001 - $15,000	Dividends	None - $200	P
SP	ALLIANCE GROWTH FUND B	$1,001 - $15,000	Dividends	$1,001 - $2,500	P
SP	OPPENHEIMER MAIN ST. GROWTH FUND A	$1,001 - $15,000	Dividends	$201 - $1,000	P
	DELPHI AUTOMOTIVE SYSTEMS	$1,001 - $15,000	Dividends	None - $200	E
	IRIDIUM WORLD COM	None - $1,000	Dividends	None - $200	P
	TYCO INTERNATIONAL LTD	$1,001 - $15,000	Dividends	None - $200	P
SP	EVERGREEN FUNDS	$1,001 - $15,000	Dividends	$201 - $1,000	E
	EVERGREEN FUNDS	$1,001 - $15,000	Dividends	$201 - $1,000	E

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	ALLIANCE GROWTH FUND B	Purchase	07/29/99	$1,001 - $15,000
SP	OPPEMHEIMER MAIN ST GROWTH FUND A	Purchase	07/29/99	$1,001 - $15,000
	DELPHI AUTOMOTIVE SYSTEMS	Exchange	06/04/99	
	IRIDIUM WORLD COM	Purchase	05/21/99	$1,001 - $15,000
	FAMILY DOLLAR STORES	Purchase	12/30/99	$1,001 - $15,000
	FIRST UNION CORP	Purchase	12/30/99	$1,001 - $15,000
	TYCO INTERNATIONAL LTD	Purchase	10/27/99	$1,001 - $15,000
	EATON VANCE MUNICIPAL TRUST	Sold	10/29/99	$1,001 - $15,000
	MOTOROLA, INC	Sold	10/27/99	$1,001 - $15,000
	PRUDENTIAL PACIFIC GROWTH	Sold	01/19/99	$1,001 - $15,000
	PRUDENTIAL GOVERNMENT SECURITIES TRUST	Sold	01/14/99	$1,001 - $15,000
	CORUS GROUP PLC	Exchange	10/06/99	
	CRESCENT REAL ESTATE EQUITIES	Purchase	05/21/99	$1,001 - $15,000
	DELL COMPUTER	Purchase	02/22/99	$1,001 - $15,000
	FOX ENTERTAINMENT GROUP	Purchase	04/24/99	$1,001 - $15,000
	JEFFERSON PILOT CORP	Purchase	12/30/99	$1,001 - $15,000
	R & B FALCON CORP	Purchase	05/18/99	$1,001 - $15,000
	SAKS, INC	Purchase	05/18/99	$1,001 - $15,000
	SENSORMATIC ELECTRONIC CORP	Purchase	04/29/99	$1,001 - $15,000
	BREED TECHNOLOGIES	Purchase	04/29/99	$1,001 - $15,000
	DAIMLER CHRYSLER	Sold	04/29/99	$1,001 - $15,000
	ELI LILLY	Sold	04/29/99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	MOTOROLA, INC	Sold	00/24/99	$1,001 - $15,000
	NIKE, INC	Sold	11/02/99	$1,001 - $15,000
	BRITISH STEEL, PLC	Exchange	10/06/99	
	SKYLAND BROADCASTING (DISSOLVED)	Exchange		

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	REILLY MORTGAGE GROUP	MORTGAGE-EAST TOWNE MANOR, INC., CHARLOTTE, NC	$500,001 - $1,000,000
	WACHOVIA BANK	MORTGAGE - WESTSIDE 2000 LTD, CHARLOTTE, NC	$500,001 - $1,000,000

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C. Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
THE ASPEN INSITTUTE	FEBRUARY 12-15, 1999	WASH., DC - ST. PETERSBURG, FLS., - WASH., DC	Y	Y	Y	
THE ASPEN INSTITUTE	MARCH 5-7, 1999	WASH., DC - BIRMINGHAM/MONTGOMERY/SELMA AL., - WASH., DC	Y	Y	Y	
THE ASPEN INSTITUTE	MARCH 19-21, 1999	WASH., DC - HERSHEY, PA. - WASH DC	Y	Y		

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, propnetor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
DIRECTOR	EAST TOWNE MANOR, INC, CHARLOTTE, NC
LIMITED PARTNER	WESTSIDE PROFESSIONAL ASSOCIATES, LTD , CHARLOTTE, NC
DIRECTOR	WESTSIDE 2000 LTD, CHARLOTTE, NC
PARTNER	MID SOUTH Capital Group

COMPUTATION OF VALUE FOR DISCLOSURE STATEMENT

MELVIN L WATT

December 31, 1999

EAST TOWNE MANOR, INC

OWNERSHIP INTEREST		33 33%
COMPUTATION OF FAIR VALUE OF BUSINESS		
ESTIMATED ANNUAL NET CASH FLOW	$ 150,000	
CAPITALIZATION RATE	12%	
COMPUTED VALUE OF BUSINESS (GOING CONCERN BASIS)	$ 1,250,000	$ 416,667
MORTGAGES PAYABLE	$ 2,601,693	$ 866,364

WESTSIDE 2000, LTD.

OWNERSHIP INTEREST		20%
COMPUTATION OF FAIR VALUE OF BUSINESS		
LAND AND BUILDINGS AT COST	$ 3,984,449	$ 796,890
MORTGAGES PAYABLE	$ 3,991,987	$ 798,398

4970

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

J. C. Watts, Jr.
(Full Name)

3705 Calus Court
(Mailing Address)

Norman OK 73072
Daytime Telephone 202-225-6165

Filer Status	[X] Member of the U.S. House of Representatives	State OK District 04	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J.C. Watts, Jr.	5-15-00

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	TriCity Ministries - Kansas City, MO	Ministerial Compensation	$1,662.70
	First Baptist Church - Fort Lauderdale, FL	Ministerial Compensation	$1,500.00
	Redemptive Life Fellowship - West Palm Beach, FL	Ministerial Compensation	$2,500.00
	Prestonwood Baptist Church - Dallas, TX	Ministerial Compensation	$750.00
	Bethlehem Baptist Church - Lawton, OK	Ministerial Compensation	$250.00
	Briarwood Presbyterian - Birmingham, AL	Ministerial Compensation	$250.00
	Cathedral of the Cross - Birmingham, AL	Ministerial Compensation	$2,500.00
	Gatlin Road Baptist Church - Duncan, OK	Ministerial Compensation	$250.00
	Rock Assembly of God Church - Oklahoma City, OK	Ministerial Compensation	$500.00
	Victory Christian Center - Oklahoma City, OK	Ministerial Compensation	$2,700.00
	Shiloh Baptist Church - Alexandria, VA	Ministerial Compensation	$300.00
	First Baptist Church - Lawton, OK	Ministerial Compensation	$300.00
	First Baptist Church - Fort Lauderdale, FL	Ministerial Compensation	$1,000.00
	The Chapel - Buffalo, NY	Ministerial Compensation	$2,000.00
	Cornerstone Family Church - Midwest City, OK	Ministerial Compensation	$1,000.00
	First Baptist Church of Amelia - Amelia, OH	Ministerial Compensation	$770.20
	Tabernacle Baptist Church - Hickory, NC	Ministerial Compensation	$1,105.47

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Qcd. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bethany First Church of the Nazarene - Bethany, OK	Ministerial Compensation	$100.00
	More Grace Ministries- Norman, OK	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1999	$2,000
	XYZ Magazine	Article	Aug 13 1999	$ 500
	Rotary Club of Wichita - Wichita, KS	Speech	November 8, 1999	$30.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Esquire Properties, Inc./*Esquire Management, Inc. - 3705 Calais Court, Norman, OK 73072. *Esquire Management, Inc. is the management account for Esquire Properties, Inc. It does not own assets.	$250,001 - $500,000	NA	None	NA
Eufaula Real Property - 614 S. "F" Street, Eufaula, OK	$50,001 - $100,000	Rent	$2,501 - $5,000	NA

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Bank of America - Oklahoma City, OK	Personal Business Loan	$15,001 - $50,000
	Security National Bank - Norman, OK	Personal Business Loan	$15,001 - $50,000
	Republic National Bank - Norman, OK	Personal Business Loan	$15,001 - $50,000
	City National Bank - Lawton, OK	Personal Business Loan	$15,001 - $50,000
	Jerome Ansel, Boca Raton, FL	Personal Business Loan	$15,001 - $50,000
	Esquire Management, Inc	Personal Business Loan	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Tostitos Fiesta Bowl Football Classic	January 1-5, 1999	Phoenix, AZ - Balt., MD	Y	Y	Y	No
Tri City Ministries	January 15-17, 1999	OKC, OK - Kansas City, MO - OKC, OK	Y	N	Y	No
Express Services, Inc	February 18-19, 1999	OKC, OK - Orlando, FL - OKC, OK	Y	Y	Y	No
Mississippi State Republican Party	February 26, 1999	Wash., DC - Jackson, MS - Norman, OK	N	Y	N	No
Magic City Construction, Inc.	March 13-14, 1999	Norman, OK - Birmingham, AL - Norman, OK	Y	Y	N	No
Delaware State Republican Party	March 22, 1999	Norman, OK - Dover, DE - Wash., DC	N	Y	N	No
Fellowship of Christian Athletes	March 26-28, 1999	Wash., DC - Tampa, FL - OKC, OK	Y	Y	Y	No
Paul Harris for Virginia State Delegate	April 19-20, 1999	OKC, OK - Charlottesville, VA - Wash., DC	Y	Y	N	No
Tarrant County Republican Party	May 14, 1999	Wash., DC - Ft. Worth, TX - Norman, OK	N	Y	N	No
Farmrail Corporation	May 17, 1999	Norman, OK - Frederick, OK - Norman, OK	N	N	N	No

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Pinellas County Republican Party	June 11, 1999	Wash., DC - St. Petersburg, FL - Norman, OK	Y	Y	N	No
Midwest Leadership Conference	August 7, 1999	Wash., DC - Omaha, NE - Wash., DC	N	Y	N	No
Oklahoma State University	August 20, 1999	Norman, OK - Stillwater, OK - Norman, OK	N	N	N	No
Center for the Study of Popular Culture (The Weekend)	September 3, 1999	Norman, OK - Colorado Springs, CO - Norman, OK	N	Y	N	No
Express Services, Inc	September 7, 1999	OKC, OK - Cincinnati, OH	N	N	N	No
Habitat for Humanity	September 12-13, 1999	OKC, OK - Montgomery, AL	Y	Y	N	No
The Chapel	October 2-3, 1999	OKC, OK - Buffalo, NY	Y	Y	N	No
New Trier Republican Organization	October 3, 1999	Buffalo, NY - Chicago, IL - OKC, OK	Y	Y	N	No
American Financial Group	October 30-31, 1999	Norman, OK - Cincinnati, OH - Norman, OK	Y	Y	N	No
Mid America Partners	November 2, 1999	OKC, OK - Wash., DC	N	N	N	No
Ryan for Governor	November 3, 1999	Wash., DC - Chicago, IL - Wash., DC	N	Y	N	No
Liberty University	November 5, 1999	Wash., DC - Lynchburg, VA	Y	Y	N	No

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Hope Ministries	November 12, 1999	OKC, OK - Charlotte, NC	Y	N	N	No
Generation X Plosson	November 13, 1999	Charlotte, NC - Houston, TX	Y	Y	N	No
Friends of Commissioner Michael Williams	November 14, 1999	Houston, TX - San Antonio, TX	N	Y	N	No
Information Technology Industry Council	November 14, 1999	Omni Hotel - Austin, TX	Y	Y	N	No
Thomas Allen Aircraft Services	November 19-22, 1999	Norman, OK - Knoxville, TN - Memphis, TN	N	N	N	Yes - 3 days
McIntosh for Governor	December 6, 1999	Norman, OK - Ft. Wayne, IN	N	Y	N	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

*Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Board Member	Oklahoma Fellowship of Christian Athletes
President	Esquire Management, Inc /Esquire Properties, Inc.
Board Member	Lawton Armed Services YMCA
Board Member	Tom Lewis's Fishing School

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4980

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999	Form A For use by Members, officers, and employees

Henry Arnold Waxman
(Full Name)

2204 Rayburn Building
(Mailing Address)

Washington DC 20515 — Daytime Telephone: 202-225-3976

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 29	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Henry A. Waxman	May 11, 2000

Name	Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Henry Arnold Waxman	Page __ of ____

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	Council of Insurance Brokers	speech	February 2, 1999	$2,000.00
	Pharmaceutical Care Management Assoc.	speech	May 19, 1999	$1,000.00
	National Association of Chain Drug Stores	speech	June 21, 1999	$2,000.00
	Assoc. for Freestanding Radiation Oncology Centers	speech	October 12, 1999	$2,000.00

Name Henry Arnold Waxman	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples:* SP 123 Main St., Dover, Del. JT	Mega Corp. Stock	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fidelity Low Priced Fund (IRA)	$50.001 - $100.000	dividends, interest & capital gains	$2.501 - $5.000	
JT	Seminole County FL (municipal bond)	$15.001 - $50.000	Interest	$1.001 - $2.500	
JT	One US Treasury Bond	$15.001 - $50.000	Interest	$2.501 - $5.000	
JT	Calvert Tax Free (MoneyMarket)	$1.001 - $15.000	Interest	$201 - $1.000	
JT	Fidelity Contrafund	$15.001 - $50.000	dividends, interest, & capital	$201 - $1.000	
JT	Fidelity Magellan	$15.001 - $50.000	dividends, interest, & capital gains	$201 - $1.000	

Name Henry Arnold Waxman	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Fidelity Fund	$15,001 - $50,000	dividends, interest, & capital gains	$1,001 - $2,500	
JT	T Rowe Price Value Fund	$15,001 - $50,000	dividends, interest, & capital gains	$1,001 - $2,500	
JT	TRowePrice International Stock Fund	$15,001 - $50,000	dividends, interest, & capital gains	$2,501 - $5,000	
JT	TRowe Price Equity -Income Fund	$15,001 - $50,000	dividends, interest, & capital gains	$1,001 - $2,500	
SP	Fidelity Magellan (IRA)	$1,001 - $15,000	dividends, interest, & capital gains	$1,001 - $2,500	
SP	RMA Money Market Portfolio	$1,001 - $15,000	Interest	$201 - $1,000	
SP	One US Treasury Bond	$15,001 - $50,000	Interest	$2,501 - $5,000	
SP	CA Health FPA Ref (Municipal Bond)	$15,001 - $50,000	Interest	$201 - $1,000	
SP	Deserts Sands Cal USD (Municipal Bond)	$15,001 - $50,000	Interest	$1 - $200	
SP	Los Angeles CA SRA (Municipal Bond)	$15,001 - $50,000	Interest	$201 - $1,000	
SP	Moulton Niguel CA Water (Municipal Bond)	$15,001 - $50,000	Interest	$201 - $1,000	
JT	Templeton foreign Fund	$15,001 - $50,000	dividends, interest, & capital gains	$2,501 - $5,000	
SP	Vallejo Ca Unified School Dist. Municipal Bond	$15,001 - $50,000	Interest	$201 - $1,000	
SP	CA State Insurance Board Municipal Bond	$15,001 - $50,000	Interest	$201 - $1,000	
SP	Concord CA Redevelopment Agency Municipal Bond	$15,001 - $50,000	Interest	$201 - $1,000	

Name Henry Arnold Waxman | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	T.Rowe Price European Fund	$1.001 - $15.000	Capital Gains and Dividends	$201 - $1.000	
JT	Janus World Fund -IRA	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
JT	Fidelity Spartan High Income Fund	$1 - $1.000	Interest	$201 - $1 000	
JT	Vanguard California Insured Tax Free	$1.001 - $15.000	Interest	$1.001 - $2 500	
JT	T Rowe Price International Markets Fund	$1.001 - $15.000	Capital Gains and Dividends	$201 - $1 000	P
SP	Federal Home Loan Mortgage	$15.001 - $50.000	Dividends	$201 - $1.000	P
SP	Fannie Mae MTN	$15.001 - $50.000	Dividends	$201 - $1.000	P
JT	Vanguard Emerging Markets Fund	$1.001 - $15.000	Capital Gains and Dividends	$201 - $1 000	P

Name Henry Arnold Waxman	Page ____ of _____

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, a purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	Vanguard Emerging Markets Fund	Purchase	March 15, 1999	$1,001 - $15,000
JT	Vanguard High Yield Corporate Fund	Sold	April 6, 1999	$1,001 - $15,000
JT	US Treasury Bond	Sold	September 30, 1999	$1,001 - $15,000
SP	US Treasury Bond	Sold	February 11, 1999	$1,001 - $15,000
SP	US Treasury Bond	Sold	June 16, 1999	$15,001 - $50,000
SP	US Treasury Bond	Exchange	September 3, 1999	$1,001 - $15,000
SP	All America Term Trust, Inc	Exchange	September 3, 1999	$1,001 - $15,000
SP	MFS Intermediate Income Trust	Exchange	September 3, 1999	$1,001 - $15,000
SP	FNR 93-113 PJ	Exchange	September 3, 1999	$15,001 - $50,000
SP	Federal Home Loan Mortgage Fund	Purchase	September 3, 1999	$15,001 - $50,000
SP	FNMA	Purchase	September 3, 1999	$15,001 - $50,000
JT	Fidelity Fund	Sold	July 12, 1999	$1,001 - $15,000
JT	Fidelity Contrafund	Sold	July 12, 1999	$1,001 - $15,000

Name Henry Arnold Waxman	Page ___ of ___

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000

Name Henry Arnold Waxman	Page ____ of ____

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Name Henry Arnold Waxman | Page ____ of ____

SCHEDULE VII – TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Globe USA Transatlantic Policy Roundtable	11/30-12/4/1999	o/w DC-Brussels; o/w London-DC	Y	Y	N	none
Applied Materials, Santa Clara, CA	12/4-12/10/1999	Brussels- Tel Aviv-London for HAW, DC-Tel Aviv-DC for JW	Y	Y	Y	2 for HAW, 5 for JW
Aspen Institute	3/19-21/1999	2 r/t DC-PA-DC	Y	Y	Y	none
Commonwealth Fund to Harvard University	1/21-24/1999	2 r/t DC-FL-DC	Y	Y	Y	none

Name	Page____ of _____

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization

Name	Page of ___

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

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Anthony Weiner
(Full Name)

1411 Avenue V, #5C
Brooklyn, NY 11229
(Mailing Address)

7183329001
Daytime Telephone

MC
(Office Use Only)

2

Filer Status	☒ Member of the U.S. House of Representatives	State NY District 09	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☐ No ☒

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/2/2000

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Name	Page of

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Parks & Conservation Assn	Aug 12-18	NYC - Alaska - NYC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES

MC MAY 15 2000
(Office Use Only)

5

Wayne Curtis Weldon
(Full Name)

96 Tanguy Road
(Mailing Address)

Daytime Telephone:

Glen Mills, Pennsylvania 19342

Filer Status	[X] Member of the U.S. House of Representatives	State: Pennsylvania District: 7th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Curt Weldon	5-15-2000

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Name	Wayne Curtis Weldon	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Widener University	Ethics Committee Approved Teaching Fee	$10,000.
Crozer-Chester Medical Center	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Wayne Curtis Weldon

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		Value of Asset (Block B)	Type of Income (Block C)	Amount of Income (Block D)	Transaction (Block E)
SP, DC, JT	*Examples:* SP — Mega Corp. Stock		X	DIVIDENDS: X	X	P
	DC — Simon & Schuster		Indefinite	Other Type of Income (Specify: For Example, Partnership Income or Farm Income): Royalties	X	
	JT — 1st Bank of Paducah, KY accounts		X	INTEREST: X	X	
	Cong. Federal Credit Union		X	INTEREST: X	II: $1 – $200	
	Franklin Mint Federal Credit Union		X	INTEREST: X	II: $1 – $200	
	Kemper Investors Life Insur.Co.-Partial Dist.		A: X	Other Type of Income: Pension	IV: $1,001 – $2,500	
	209 East 26th Avenue Wildwood, NJ		F: X	RENT: X	IV: $1,001 – $2,500	

For additional assets and unearned income, use next page.

Name Wayne Curtis Weldon

Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Franklin Mint Federal Credit Union	Mortgage: 209 E.26th Avenue Wildwood, NJ			X							
	Joseph Larsen	Mortgage: 209 E.26th Avenue Wildwood, NJ		X								
	Congressional Federal Credit Union	Loan (Tuition Costs)	X									
	Federal Plus Student Loans	Loan (Tuition Costs)			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Association of Diabetes Educators	Aug. 19-22	Phila.-Orlando-Phila.	Y	N	N	N
	500 Club	Feb. 25	Washington,DC-NY,NY-Washington,DC	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK'S RESOURCE CENTER
00 MAY 15 AM 9:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

HAND DELIVERED
(Office Use Only)

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DAVID J. WELDON
(Full Name)

1602 WILLARD ROAD, N.W.
(Mailing Address)

PALM BAY, FL 32907

Daytime Telephone
(202) 225-3671

Filer Status	[X] Member of the U S House of Representatives — State: FL District: 15	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, § 104 and 18 U S C §1001)

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/00

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
American Society of Anesthesiologists	Speech	April 28, 1999	$1,500
Informed Families of Dade County	Appearance	Sept. 22, 1999	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
	Bank of America Jacksonville			X													X								X								
	Congressional Federal Credit Union Account				X												X						X										
	Merrill Lynch Cash Account				X										X								X										
	Merrill Lynch IRA Account				X										X		X	X							N / A								
	Merrill Lynch IRA Account							X							X										N / A								
	Merrill Lynch IRA Account							X							X										N / A								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID J. WELDON

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
	Merrill Lynch IRA Account						X							X											N	/	A				
	Boston Chicken Inc.		X																		X										
	Nuveen Internet Feb. 99				X									X			X						X								
	Merrill Lynch Corp, High Yield Cl B				X											X									X						
	Merrill Lynch Bd High Income B				X											X								X							
	SunAmerica High Inc. Fd Cl B				X											X								X							
	Merrill Lynch Retirement Reserves		X											X								X									
	Zion Christian Fellowship				X											X								X							
DC	Zion Christian Fellowship			X												X						X									
	Apt 154 D St SE Wash, DC							X							X										X						

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SCHEDULE IV — TRANSACTIONS

Name DAVID J. WELDON

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Merrill Lynch Corp High Yield Cl B		X		4/23/99		X								
	Merrill Lynch Corp High Yield Cl B		X		7/29/99	X									
	Safeguard Scientifics		X		3/31/99	X									
	154 D St SE Washington, D.C.	X			1/6/99					X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Merrill Lynch Credit Corp	Mortgage on 154 D St SE Washington D.C.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Aspen Institute	March 19-21	Wash., D.C. - Hershey, PA-Wash., D.C.	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
DISCLOSURE INFORMATION CENTER
00 MAY 15 PM 5:39

Gerald C. "Jerry" Weller
(Full Name)
1309 Union Street
Morris Illinois 60450
(Mailing Address)
Daytime Telephone 202/225-3635

MC HAND DELIVERED
(Office Use Only)

(7)

Filer Status	[X] Member of the U.S. House of Representatives — State District	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Gerald C. "Jerry" Weller	5-15-00

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Name Gerald C. Weller | Page 2 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset (at close of reporting year)

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A: Asset and/or Income Source		Block B: Value of Asset	Block C: Type of Income														Block D: Amount of Income											Block E: Transaction
				A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock					X								X										X								P
			Simon & Schuster			Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts						X									X									X							
☆	Prudential Jennison Growth Fund						X									X			X								X							
	1309 A (Morris, IL)							X									X											X						
	Prudential Small Cap Fund (IRA)						X									X			X				X											
	Duplex, Deerpath & Quail (Morris)								X								X												X					
	Morris Community Credit Union					X												X						X										
	Prudential Equity Fund						X									X			X								X							

For additional assets and unearned income, use next page.

☆ Should have been listed on 1998 Disclosure Form.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gerald C. Weller

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Prudential 2060 Growth Fund			X										X			X					X										
	115 D Street Washington DC						X													Washington Rental	X										
	1801 C / 1803 C Lisbon Road Duplex					X									X											X						P

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Name Gerald C. Weller. Page 4 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	1801 C/1803 C Lisbon Road, Morris, IL (Duplex)	X			April 1999			X							

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Crossland Mortgage Co. Salt Lake City, UT	Mortgage on 1309 A Union Street Morris, IL			X							
	First Financial Federal, Joliet, IL	Mortgage on duplex Dempster Street Morris, IL				X						
	The National Capital Bank, Wash, DC	Mortgage on 115 D Street, SE. WDC			X							
	Morris Building + Loan, Morris, IL	Mortgage on 1801 C/1805 C Lisbon Morris, IL			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
1)	Preston, Gates, Ellis, Rouvelas Meeds	June 11-13, 99	Washington, DC - Lafayette, LA - Meridian, MS - Atlanta, Ga - Washington DC	Y	Y	N	N
2)	Futures Industry Association	March 19-21, 99	Washington DC - Boca Raton, FL - Washington DC	N	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	American Council of Young Political Leaders
Congressional Board of Advisors	Congressional Youth Leadership Council
Director	Ralls Art Collection

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 12 PM 4:15
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED (13)
(Office Use Only)

ROBERT WEXLER
(Full Name)
7370 VIALE CATERINA — 202-225-3001
(Mailing Address) — Daytime Telephone
DELRAY BEACH, FLORIDA 33446

Filer Status	☒ Member of the U.S. House of Representatives	State: FLORIDA District: 19	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert Wexler	5/12/00

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Name Robert Wexler | Page 2 of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hillel, Foundation of Jewish Student Life	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert Wexler	Page 3 of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb 2, 1999	$2,000
XYZ Magazine	Article	Aug 13, 1999	$500
NONE			

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Name Robert Wexler | Page 4 of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Sunbeam Corp.	X															X								X							S
	Sunbeam Corp.	X															X						X									S
	Egghead Inc.	X															X							X								PS
	Sunbeam Corp.	X															X									X						PS
	Fundtech Ltd.	X															X									X						PS
	Onsale Inc.	X															X							X								PS

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Wexler

Page 5 of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Fundtech Ltd.	X															X									X						PS
	Cyberian Outpos	X															X									X						PS
	Autobytel Inc.	X															X									X						PS
	Egghead Inc.	X															X								X							PS
	Autobytel Com	X															X									X						PS
	Autobytel Inc.	X															X								X							PS
	TheStreet Com	X															X								X							PS
	Beyond.Com	X															X								X							PS
	NetBank Inc.	X															X									X						PS
	Pfizer Corp.	X															X							X								PS
	Pfizer Corp.	X															X								X							PS
	Novell Inc.	X															X								X							PS
	Navidec	X															X											X				S
	Luke Oil					X															X											P
	Mechanical Tech				X																X											P
	Comp. USA			X																	X											P
	Iomega Corp.				X																X											P
	Orbus Stock			X																	X											
	Chevy Chase Checking			X												X							X									
	4 Stats.Com			X																	X											P
	Bear Stearns	X														X								X								
	U.S. House Thrift Savings				X																X											

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SCHEDULE IV — TRANSACTIONS

Name Robert Wexler | Page 6 of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	Sunbeam Corp.		X		1-7-99	X									
	Iomega Corp.		X		2-9-99	X									
	Iomega Corp.		X		2-12-99	X									
	Cyberian Outpos	X			3-11-99		X								
	Cyberian Outpos		X		3-17-99		X								
	Egghead Inc.	X			3-19-99		X								
	Egghead Inc.		X		3-19-99		X								
	Sunbeam Corp.	X			1-7-99	X									
	Sunbeam Corp.		X		4-6-99	X									
	Fundtech Ltd.	X			2-1-99	X									
	Fundtech Ltd.		X		4-14-99		X								
	Onsale Inc.	X			4-6-99	X									
	Onsale Inc.		X		4-16-99		X								
	Fundtech Inc.	X			4-21-99		X								
	Fundtech Inc.		X		4-30-99		X								
	Cyberian Outpost	X			4-7-99	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert Wexler | Page 7 of

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-99		X								
	Cyberian Outpos		X		5-4-99		X								
	Autobytel Inc.	X			5-3-99		X								
	Autobytel Inc.		X		5-5-99		X								
	Egghead Inc	X			4-14-99	X									
	Egghead Inc.		X		5-19-99		X								
	Autobytel Com.	X			5-19-99		X								
	Autobytel Com.		X		5-24-99		X								
	Creative Biomod.		X		6-4-99	X									
	Novell Inc.	X			5-11-99		X								
	Novell Inc.		X		6-4-99		X								
	Autobytel Inc.	X			5-28-99		X								
	Autobytel Inc.		X		6-11-99		X								
	The Street Com.	X			6-4-99		X								
	TheStreet Com.		X		6-24-99		X								
	Zixit Corp.	X			6-3-99		X								
	Zixit Corp.		X		6-30-99		X								

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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SCHEDULE IV — TRANSACTIONS

Name Robert Wexler

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Pfizer Corp	X			6-7-99		X								
	Pfizer Corp		X		7-7-99		X								
	Beyond. Com	X			6-24-99		X								
	Beyond. Com.		X		7-21-99		X								
	Net Bank Inc.	X			6-15-99		X								
	Net Bank Inc.		X		8-4-99		X								
	Inktomi Corp.	X			7-22-99		X								
	Inktomi Corp.		X		8-17-99		X								
	Dr. Koop. Com	X			8-9-99		X								
	Dr. Koop. Com		X		9-8-99		X								
	Barnes + Nobel	X			6-15-99		X								
	Barnes + Nobel		X		9-21-99		X								
	Inktomi Corp	X			8-9-99		X								
	Inktomi Corp		X		10-7-99		X								
	Pfizer Corp.	X			6-7-99		X								
	Pfizer Corp.		X		10-12-99		X								

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SCHEDULE IV — TRANSACTIONS

Name Robert Wexler | Page 9 of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	Pfizer Corp.	X			- -99										
	Pfizer Corp.		X		10-12-99		X								
	Novell Inc	X			7-7-99		X								
	Novell Inc		X		10-18-99		X								
	Amazon Com	X			5-27-99		X								
	Amazon Com		X		10-19-99		X								
	Pfizer Corp	X			10-19-99		X								
	Pfizer Corp.		X		11-11-99		X								
	Novell Inc.	X			10-18-99		X								
	Novell Inc.		X		10-29-99		X								
	Mechanical Tech	X			11-1-99		X								
	Mechanical Tech		X		11-12-99		X								
	Navidec		X		4-1-99			X							
	Comp. USA		X		8-31-99	X									
	Iomega Corp.		X		11-29-99	X									
	Iomega Corp.		X		4-5-99	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert Wexler | Page 10 of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Iomega Corp.		X		4-23-99	X									
	Comp USA		X		4-26-99	X									
	Iomega Corp.		X		4-29-99	X									
	Iomega Corp.		X		7-2-99	X									
	Custom Tracks	X			6-3 -99		X								
	Custom Tracks		X		6-30-99		X								
	4 Stats. Com	X			6-15-99	X									

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Name Robert Wexler | Page 11 of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	MBNA America, Delaware	revolving charge account		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$276
NONE		

Use additional sheets if more space is required

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	IMDI	1/14-1/17	Wash.- Berlin - Wash.	Y	Y	Y	N
	Alaska Wilderness League	7/6-7/11	Wash. - Alaska - Wash.	Y	Y	Y	N

This page may be copied if more space is required.

5024

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required

00 MAY 15 PM 7:00

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Congressman Robert A. Weygand
(Full Name)

95 Glen Hill Drive
Saunderstown RI 02874
(Mailing Address)

Daytime Telephone 202-225-2735

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U S House of Representatives	State RI District 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C. app. 4 104 and 18 U S C 1001)

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-15-00

5026

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	MIRIAM HOSPITAL	Spouse's Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1999 Aug. 13, 1999	$2,000 $ 500
	Connell Company	Speech	05-99	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	MIRIAM HOSPITAL RETIREMENT PLAN	$15,001 - $50,000	Retirement Plan	None	NA
	STATE OF RHODE ISLAND	$15,001 - $50,000	Retirement Plan	None	NA
JT	PROVIDENT MUTUAL INSURANCE CO	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	WEYGAND & CHRISTIE, INC	None	None	None	NA
JT	MERRILL LYNCH MUTUAL FUND	$1,001 - $15,000	Dividends	$201 - $1,000	NA
JT	INTEL STOCK	$1,001 - $15,000	Dividends	$201 - $1,000	NA

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	ALLIANCE CORP. MUTUAL FUND	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	LILLIAN WEYGAND TRUST	Uncertain	None	None	NA
SP	STATE OF RHODE ISLAND	$1,001 - $15,000	Retirement Plan	$5,001 - $15,000	E

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	R.I. HIGHER ED. ASST. AUTHORITY	Student Loan - URI	$10,001 - $15,000

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SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Heritage Harbor Museum of Rhode Island	01/09/99 - 01/16/99	R.I -Portugal	Y	Y	Y	None
National Italian American Foundation	03/29/99 - 04/05/99	N.Y.-Italy	Y	Y	Y	None
Connell Company	05/28/99	R.I. - New Jersey	N	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
ADVISORY BOARD	Big Brothers of Rhode Island
PRESIDENT	Weygand and Christie, Inc. (inactive/nonpracticing)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and candidates

FILED

00 MAY 15 PM 5:09

W. EDWARD WHITFIELD
(Full Name)

236 CANNON HOUSE OFFICE BLDG. 202-225-3115
(Mailing Address) (Daytime Telephone)

WASHINGTON D.C. 20515

HAND DELIVERED

MC (Office Use Only)

Filer Status: ☐ Member of the U.S. House of Representatives — State: District ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period on, hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** — Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII** — Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	W. Edward Whitfield	5-15-2000

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Name W. EDWARD WHITFIELD	Page of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	N/A
AMERICAN COUNCIL OF TRUSTEES AND ALUMNI	SPOUSE SALARY	N/A
CSX CORP.	RET BENEFIT	16,000

For payments to charity in lieu of honoraria, use Schedule II

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Name	Page of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT) in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP / DC / JT — *Examples*	SP Mega Corp. Stock				P
	Simon & Schuster	Indefinite			
	1st Bank of Paducah, KY accounts	X	X	X	
AT + T STOCK		X			
AMERICAN INT'L GROUP		X			
COHEN AND STEERS		X			
CHEVRON		X			
COCA-COLA		X			
EXXON		X			

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name	Page of

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
	FIDELITY INVESTMENTS						X																									
	GENERAL ELECTRIC				X																											
	HEWLETT-PACKARD				X																											
	INTEL						X																									
	JOHNSON AND JOHNSON				X																											
	LUCENT TECHNOLOGIES					X																										
	MAY DEPARTMENT STORES						X																									
	PAYLESS SHOESOURCE				X																											
	U.S. HOME AND GARDEN			X																												
	WELLS FARGO				X																											
	GAP			X																												
	MCI WORLDCOM				X																											
	CSX CORP DEBENTURES			X																												
	PFIZER INC.				X																											
	AMERICA ONLINE				X																											
	CHASE MANHATTEN			X																												
	EASTMEN KODAK			X																												
	QUALCOMM, INC.			X																												
	SEARS			X																												
	SCHWAB MONEY MARKET			X																												
	CHARLES SCHWAB IRA (a)				X																											
	CHARLES SCHWAB IRA (b)				X																											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name | Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	CONGRESSIONAL CREDIT UN.		X																													
	CSX THRIFT						X																									
S	NORTHWESTERN ANNUITY (A)		X																													
	" " (B)		X																													
	COASTLINE FEDERAL		X																													
	U.S. GOV'T THRIFT				X																											
S	VANGUARD MONEY MARKET		X																													
S	" INDEX 500						X																									
S	" TAX MANAGED FUND				X																											
S	ZEROX CORP.		X																													
S	C+K DRILLING PARTNERSHIP		X																													
S	SPOUSE - RENTAL PROPERTY VISTA DEL LIDO - CALIF.						X																									
S	SPOUSE - COMMERCIAL R.E. CHEMICAL LANE - CALIF.						X																									
	VACANT LOT - HOPKINSVILLE, KY		X																													
	VACANT LOT - MADISONVILLE, KY		X																													
	UNITED BANK			X																												

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SCHEDULE IV — TRANSACTIONS

Name | Page of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K $50,000,001–[illegible]
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	LYCOS COMMON STOCK		X		1-21-99	X									
	NETWORK SOLUTIONS COMMON STOCK		X		1-21-99		X								
	AMERICA ONLINE " "		X		4-19-99	X									
	CHASE MANHATTEN " "		X		1-19-99		X								
	CONSOLIDATED NATURAL GAS " "		X		1-21-99		X								
	HEITMAN REAL ESTATE		X		1-21-99		X								
	GTE CORP " "		X		4-27-99		X								
	OAKMARK INT'L FUND		X		4-27-99	X									
	BERKSHIRE HATHAWAY " "	X			6-23-99		X								
	BERKSHIRE HATHAWAY " "		X		9-23-99		X								
	MUTUAL DISCOVERY FUND		X		8-3-99		X								
	ESKIMO PIE " "		X		1-7-99	X									
	NORWEST " "		X		3-21-99		X								

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ED WHITFIELD
1ST DISTRICT, KENTUCKY

WASHINGTON OFFICE
218 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1701
(202) 225-3115
FAX (202) 225-3547

Congress of the United States
House of Representatives
Washington, DC 20515-1701

COMMITTEE ON COMMERCE
SUBCOMMITTEES
HEALTH AND ENVIRONMENT
ENERGY AND POWER
OVERSIGHT AND INVESTIGATIONS

HAND DELIVERED

RECEIVED
00 JUN 13 PM 3:57

June 13, 2000

(2)

MC

The Honorable Jeff Trandhle
Clerk of the House
Office of Records and Registration
B-106 Cannon House Office Building
Washington, D.C. 20515

Dear Mr. Trandhle:

Pursuant to your phone call with Mr. Jay Hasert of my staff, I do hereby submit this letter as an amendment to my 1999 Financial Disclosure which was filed with the Office of Records and Registration on May 15, 2000. I wish to amend Schedule III and IV.

Thank you for your assistance in this matter. If you have any further questions, please do not hesitate to let me know.

Sincerely,

Ed Whitfield

Ed Whitfield
Member of Congress

EW jh

Enclosure

DISTRICT OFFICES

FIRST FLOOR
317 WEST NINTH STREET
HOPKINSVILLE, KY 42240
(270) 885-3079
(800) 208-5629
FAX (270) 885-8599

P.O. BOX 717
MUNROE COUNTY COURTHOUSE
TOMPKINSVILLE, KY 42167
(270) 487-9509
FAX (270) 487-6019

ROOM 307
222 FIRST STREET
HENDERSON, KY 42420
(270) 826-4180
FAX (270) 826-6783

ROOM 104
100 FOUNTAIN AVENUE
PADUCAH, KY 42001
(270) 442-6901
FAX (270) 442-6805

PRINTED ON RECYCLED PAPER

Schedule III Assets and Unearned Income should be amended as follows:

1. Remove Qualcom, which was not purchased until January 2000.

2. Add Goodyear Tire and rubber, which was purchased on April 19, 1999 – value $5,217

3. Note regarding Wells Fargo - Wells Fargo was not listed on the 1998 disclosure report. while Norwest was listed. The companies merged and Wells Fargo is the name of the successor company.

4. Vangaurd Value index was inadvertently omitted and should be included as an asset on Schedule III.

Schedule IV transactions should be amended as follows:

1. Lycos and Network Solutions were purchased on 1/19/99 and sold on 1/21/99.

2. America Online was purchased on 3/17/99 and sold on 4/19/99.

3. Gap was purchased on 9/23/99-value $ 6,429

4. MCI World Com was purchased 5/3/99 - value $ 24,742

5. AOL was purchased 5/3/99 - value $ 28,000

6. Chase Manhattan was sold 1/19/99 - value $ 17,000

7. Chase Manhattan was purchased 4/17/99 - value $8,000

8. Eastman Kodak and Sears were purchased 4/17/99 - value for both was between $ 1,000 - $15,000.

9. U.S. Home and Garden was purchased 3/20/99 - value between $1,000 - $15,000.

10. Remove the Norwest sale stated 3/21/99 - Norwest merged with Wells Fargo, successor company named Wells Fargo.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

00 MAY 15 PM 4:29

Roger F. Wicker
(Full Name)

206 Cannon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone 202-225-4306

HAND DELIVERED

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State MS District 01	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (e.g., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete, and correct to the best of my knowledge and belief.	Roger F. Wicker	May 15, 2000

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Name	Roger F. Wicker	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Long Enterprises	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Roger F. Wicker

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset (at close of reporting year)

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP.	SP Mega Corp Stock	X (A: None; B: $1 – $1,000; C: $1,001 – $15,000; D: $15,001 – $50,000; E: $50,001 – $100,000; F: $100,001 – $250,000; G: $250,001 – $500,000; H: $500,001 – $1,000,000; I: $1,000,001 – $5,000,000; J: $5,000,001 – $25,000,000; K: $25,000,001 – $50,000,000; L: Over $50,000,000)	DIVIDENDS X; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income):	X (I: None; II: $1 – $200; III: $201 – $1,000; IV: $1,001 – $2,500; V: $2,501 – $5,000; VI: $5,001 – $15,000; VII: $15,001 – $50,000; VIII: $50,001 – $100,000; IX: $100,001 – $1,000,000; X: $1,000,001 – $5,000,000; XI: Over $5,000,000)	P, S, E: P
DC.	Examples: Simon & Schuster	Indefinite		X (IX)	
JT	1st Bank of Paducah, KY accounts	X (F)	X		
	602 Jefferson St., Tupelo	X (E)	X	X (V)	
	511 Bashford Lane, Alex., VA	X (F)	X	X (IV)	
SP	Long Enterprises Stock	X (D)	X	X (I)	
SP	Peoples Bank Stock	X (C)	X	X (II)	
	Furniture Brands Int'l Stock	X (C)	X	X (I)	
JT	Schering-Plough Stock	X (C)	X	X (II)	

Royalties

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Roger F. Wicker

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
DC	Schering-Plough Stock	D	DIVIDENDS	II	
	Lucent Technologies Stock	C	DIVIDENDS	II	P
	Intel Stock	B	DIVIDENDS	II	P
	Amazon.com Stock	C	DIVIDENDS	II	P
	Putnam Growth-Income IRA	D	Other Type of Income: NA		
SP	Investment Co. of America IRA	C	Other Type of Income: NA		
	Colonial Bank (Montgomery, AL) Certificate of Deposit	C	INTEREST	I	P
	MCI WorldCom Stock (Sky Tel is now MCI WorldCom)	C	DIVIDENDS	II	

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SCHEDULE IV — TRANSACTIONS

Name Roger F. Wicker

Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	Lucent Technologies Stock	X			2-5-99	X									
	Amazon.com Stock	X			7-23-99	X									
	Colonial Bank (Montgomery, AL) Certificate of Deposit	X			11-24-99	X									

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Name	Roger F. Wicker	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out). Loans secured by automobiles, household furniture, or appliances, and loans owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the reporting period has been over exceeded $10,000.

SP, DC JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.										
	Deposit Guaranty Bank, Tupelo, MS	Mortgage on 602 Jefferson, Tupelo		X								
	Bank of America	Mortgage on 511 Bashford, Alex. VA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of their relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$ [illegible]

Use additional sheets if more space is required.

Name	Roger F. Wicker	Page 1 of 1

SCHEDULE VII --TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	El Paso Energy Corporation	Jul. 4-7	Memphis-Albuquerque-Memphis	Y	Y	Y	N

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FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999 | For use by Members, Officers, and Employees

Heather Ann Wilson
(If all Name)
625 Silver SW Suite 340
(Mailing Address)
Albuquerque NM 87102 Daytime Telephone (505) 342-6781 / (202) 225-6316

HAND DELIVERED
(Office use only)

Filer Status	☒ Member of the U.S. House of Representatives — State / District	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Heather Wilson	05/15/00

5049

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Insurance Company of North America, Albuquerque NM	Spouse Salary	NA
	NM Air National Guard, Albuquerque, NM	Spouse Salary	NA
	Hone Law Firm, P.C., Albuquerque, NM	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

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Name Heather Ann Wilson | Page 2 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Exempted Trust	Qualified Blind Trust	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction (P, S, E)
SP, DC, JT	*Examples:* SP Mega Corp Stock					X								X						Royalties												P
	SP Simon & Schuster			Indefinite																												
	JT 1st Bank of Paducah KY accounts						X									X										X						
	White House Federal Credit Union Wash. DC Savings Acct			X												X						X										
SP	Wells Fargo Bank (formerly Norwest) ABQ, NM Checking Acct			X												X						X										
SP	Sandia Area FCU, Savings Acct ABQ, NM			X												X						X										
SP	US NM FCU, Share Draft ABQ, NM			X												X						X										
SP	Schwab One Acct Chas. Schwab ABQ, NM		X													X						X										
SP	1st Security Bank of NM Checking Acct			X												X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Heather Ann Wilson

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
	Checking Acct, Bank Am, ABQ NM				X											X						X										
	Savings Acct, USA Federal S&L Cambridge MD				X											X								X								
	Granite Bank, Keene NH		X													X						X										
SP	Greenwood Trust	X														X						X										
	Condo Apartment 4701 Connecticut Washington DC							X							X											X						
SP	4016 Lafayette NE ABQ NM House					X									X											X						
SP	6 unimproved lots Valencia Co NM				X																X											
SP	1 unimproved lot Colfax Co NM				X																X											
SP	Hone Law Firm P.C. ABQ NM				X																X											
	PERA of NM Retirement Fund			X																	X											
DC	Centennial Tech Inc.			X										X								X										P
DC	Walt Disney Hldg Co.		X											X								X										
DC	Mega Air Group Inc.			X										X								X										
DC	Thornburg Mtg Asset Corp.			X										X								X										
DC	Schwab Money Mkt		X													X						X										
DC	Centennial Tech Inc.			X										X								X										P
DC	Schwab Money Mkt		X													X						X										
SP	CIGNA IRA *				X									X										X								
SP	CIGNA Retirement Plan						X														X											
SP	Centennial Tech Inc. *				X									X							X											
SP	Fonar Corp. *			X										X								X										
SP	GTE Corp. *			X										X								X										

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* IRA - Not reportable as taxable income.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Heather Ann Wilson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Intel Corp *					X								X								X										
SP	Mesa Air Group *			X																	X											
SP	PSC Inc. *			X																	X											
SP	Public Service of NM *			X										X								X										
SP	Fidelity Value Fund *			X										X		X	X						X									
SP	Schwab One: Centennial			X																	X											
SP	Schwab One: Mesa Air			X																	X											
SP	T. Rowe Price Tax Free Hi Yield				X									X			X					X										
SP	T. Rowe Price Tax Free Interm.			X										X			X					X										
SP	Robey, Delgaun, Sloan, Oliver + Robb Inc.					X												Investment Earnings								X						
SP	Oppenheimer: Pepsico			X										X								X										
SP	Oppenheimer: Pfizer			X										X								X										
SP	Oppenheimer: Summit Bancorp			X										X								X										
SP	Oppenheimer: Lorad			X																	X											
	Compaq Computer Corp. *			X										X								X										
	Intel Corp. *				X									X								X										
	Cutbach Steak House *			X																	X											
	1st United Methodist Church Bldg *			X																	X											
	Schwab Money Fund *			X										X								X										

* IRA - Not Reportable as taxable income.

This page may be copied if more space is required.

Name Heather Ann Wilson | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
DC	Centennial Tech. Inc.	X			12-23-99	X									
DC	Centennial Tech Inc.	X			12-23-99	X									
SP	Centennial Tech. Inc	X			12-23-99	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B	C	D	E	F	G	H	I	J	K
			$10,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Fleet Mortgage Group, Milwaukee WI	Mortgage on 4701 Conn. Ave DC			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None.		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	Mar 19-21	Wash, D.C. - Hershey PA - Wash DC	Y	Y	Y	None

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Director	Quality New Mexico, Albuquerque NM

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
Continuing	State of NM, Public Employees Retirement System	4 years earned service in PERA Vesting is at 5 years No payments currently received

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 12:20

Robert E. Wise, Jr. (Full Name)

2367 Rayburn Bldg. (Mailing Address) (202) 225-2711 Daytime Telephone

Washington, DC 20515

MC

HAND DELIVERED (Office Use Only)

(7)

Filer Status	[X] Member of the U.S. House of Representatives — State WV District 2nd	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bob Wise	5/13/00

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US House of Representatives	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert E. Wise, Jr. Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your ... your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D												Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership, Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X									P
	DC Simon & Schuster		Indefinite																	Royalties									X				
	JT 1st Bank of Paducah, KY accounts						X									X										X							
JT	Pioneer Group (aggregate) IRA					X											NA								NA								
SP	Delaware Fund			X										X									X										
JT	WRIGHT PATMAN Cong. Credit Union (aggregate)				X											X							X										

For additional assets and unearned income, use next page.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Norwegian-American Parliamentary Exchange Program	Jan 9-14	Wash, DC - Oslo	Y	Y	Y	N
	IMDI - Int'l Mgt. + Dev. Inst.	Jan 14-17	Oslo - Berlin - Wash, DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Ex Officio (unpaid)	National Institute of Chemical Studies
Ex Officio (unpaid)	RCAC, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 - 62-753 (mac)

Use additional sheets if more space is required.

5062

Form **1040** Department of the Treasury Internal Revenue Service
U.S. Individual Income Tax Return **1999** (99)

IRS use only—Do not write or staple in this space.

Label (See instructions on page 18.)

For the year Jan. 1–Dec. 31, 1999, or other tax year beginning , 1999, ending , OMB No. 1545-0074

Your first name and initial	Last name	Your social security number
ROBERT E.	WISE, JR.	233 78 6863
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
SANDRA C.	WISE	474 50 2621
Home address (number and street). If you have a P.O. box, see page 18.	Apt. no.	▲ IMPORTANT! ▲ You must enter your SSN(s) above
101 GABE ROAD		
City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.		
CLENDENIN, WV 25045		

LABEL HERE

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 18.)

	Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.
Do you want $3 to go to this fund?		X	
If a joint return, does your spouse want $3 to go to this fund?		X	

Filing Status

Check only one box.

1 [ ] Single
2 [X] Married filing joint return (even if only one had income)
3 [ ] Married filing separate return. Enter spouse's social security no. above and full name here ▶
4 [ ] Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5 [ ] Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 19.)

Exemptions

6a [X] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. — No. of boxes checked on 6a and 6b: 2

b [X] **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 19)
ROBERT W.	WISE	236 33 9411		X
ALEXANDRA S.	WISE	579 17 4278		X

If more than six dependents, see page 19.

No. of your children on 6c who: • lived with you: 2 • did not live with you due to divorce or separation (see page 19): Dependents on 6c not entered above:

Add numbers entered on lines above ▶ 4

d Total number of exemptions claimed

Income

Attach Copy B of your Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

Enclose, but do not staple, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	240,628.
8a	Taxable interest. Attach Schedule B if required	8a	187.
b	Tax-exempt interest. DO NOT include on line 8a. 8b		
9	Ordinary dividends. Attach Schedule B if required	9	728.
10	Taxable refunds, or credits of state and local income taxes Stmt 5 Stmt 1 Stmt 3	10	2,590.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [X]	13	615.
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions 15a b Taxable amount (see page 22)	15b	
16a	Total pensions and annuities 16a b Taxable amount (see page 22)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a b Taxable amount (see page 24)	20b	
21	Other income. List type and amount (see page 24)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	244,748.

Adjusted Gross Income

23	IRA deduction (see page 26) 23		
24	Student loan interest deduction (see page 26) 24		
25	Medical savings account deduction. Attach Form 8853 25		
26	Moving expenses. Attach Form 3903 26		
27	One-half of self-employment tax. Attach Schedule SE 27		
28	Self-employed health insurance deduction (see page 28) 28		
29	Keogh and self-employed SEP and SIMPLE plans 29		
30	Penalty on early withdrawal of savings 30		
31a	Alimony paid b Recipient's SSN ▶ 31a		
32	Add lines 23 through 31a	32	
33	Subtract line 32 from line 22. This is your **adjusted gross income** ▶	33	244,748.

Form 1040 (1999) ROBERT E. WISE, JR. & SANDRA C. WISE 233-78-6863 OMB No 1545-0074 Page 2

Tax and Credits	34	Amount from line 33 (adjusted gross income)	34	244,748.
	35a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 35a		
	b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here ▶ 35b ☐		
Standard Deduction for Most People: Single $4,300; Head of household $6,350; Married filing jointly or Qualifying widow(er) $7,200; Married filing separately $3,600	36	Enter your **itemized deductions** from Schedule A, line 28, **OR standard deduction** shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	49,025.
	37	Subtract line 36 from line 34	37	195,723.
	38	If line 34 is $94,975 or less, multiply $2,750 by the total number of exemptions claimed on line 6d. If line 34 is over $94,975, see the worksheet on page 31 for the amount to enter	38	6,160.
	39	**Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	189,563.
	40	Tax. (see page 31). Check if any tax from a ☐ Form(s) 8814 b ☐ Form 4972 ▶	40	51,499.
	41	Credit for child and dependent care expenses. Attach Form 2441 — 41: 884.		
	42	Credit for the elderly or the disabled. Attach Schedule R — 42		
	43	Child tax credit (see page 33) — 43		
	44	Education credits. Attach Form 8863 — 44		
	45	Adoption credit. Attach Form 8839 — 45		
	46	Foreign tax credit. Attach Form 1116 if required — 46		
	47	Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) — 47		
	48	Add lines 41 through 47. These are your **total credits**	48	884.
	49	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- ▶	49	50,615.
Other Taxes	50	Self-employment tax. Attach Schedule SE	50	
	51	Alternative minimum tax. Attach Form 6251	51	
	52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	52	
	53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	53	
	54	Advance earned income credit payments from Form(s) W-2	54	
	55	Household employment taxes. Attach Schedule H	55	171.
	56	Add lines 49 through 55. This is your **total tax** ▶	56	50,786.
Payments	57	Federal income tax withheld from Forms W-2 and 1099 — 57: 51,843.		
	58	1999 estimated tax payments and amount applied from 1998 return — 58		
	59a	**Earned income credit.** Attach Sch. EIC if you have a qualifying child		
	b	Nontaxable earned income: amount ▶ and type ▶ — 59a		
	60	Additional child tax credit. Attach Form 8812 — 60		
	61	Amount paid with request for extension to file (see page 48) — 61		
	62	Excess social security and RRTA tax withheld (see page 48) — 62		
	63	Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 — 63		
	64	Add lines 57, 58, 59a, and 60 through 63. These are your **total payments** ▶	64	51,843.
Refund	65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you **OVERPAID**	65	1,057.
Have it directly deposited! See page 49 and fill in 66b, 66c, and 66d.	66a	Amount of line 65 you want **REFUNDED TO YOU** ▶	66a	1,057.
	b	Routing number ▶ c Type ☐ Checking ☐ Savings		
	d	Account number		
	67	Amount of line 65 you want **APPLIED TO YOUR 2000 ESTIMATED TAX** ▶ — 67		
Amount You Owe	68	If line 56 is more than line 64, subtract line 64 from line 56. This is the **AMOUNT YOU OWE.** For details on how to pay, see page 49 ▶	68	
	69	Estimated tax penalty. Also include on line 68 — 69		

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy for your records.

Your signature	Date	Your occupation	Daytime telephone number (optional)
CELEBRITY SINGER		CONGRESSMAN	
Spouse's signature. If a joint return, BOTH must sign	Date	Spouse's occupation	
		ATTORNEY	

Paid Preparer's Use Only

Preparer's signature		Date 3/23/00	Check if self-employed ☐	Preparer's SSN or PTIN 205-34-9306
Firm's name (or yours if self-employed) and address	SIMPSON & OSBORNE, CPAs, A.C. P.O. BOX 1747 CHARLESTON, WV			EIN 55 0610908 ZIP code 25326-1747

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LEGISLATIVE RESOURCE CENTER
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Frank R. Wolf
(Full Name)

241 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone 202-225-5136

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State VA District 10	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL Frank R. Wolf

DATE (Month/Day/Year) May 10, 2000

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Name	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed name the institution holding the account and provide its value at the end of the reporting year. **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20.	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S),* or exchanged(E) in reporting year.
SP DC *Examples* SP Mega Corp. Stock JT 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Franklin Virginia Tax-Free Income Fund	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
Manufacturers Life Ins. Co. of No. America Manufacturers Investment Trust 401K (not self-directed)	$250,001 - $500,000	Dividends	NA	NA
Manufacturers Life Ins. Co. of No. America Manufacturers Investment Trust Ret. plan (not self-directed)	$50,001 - $100,000	Dividends	NA	P
Oppenheimer Capital Appreciation Fund A (not self-directed IRA)	$100,001 - $250,000	Dividends	NA	NA

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

U S Savings Bond	$1,001 - $15,000	Interest	NA	NA

Name Frank R. Wolf | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Manufacturers Life Ins Co of No America Manufacturers Investment Trust - retirement plan	Purchase	monthly	$1,001 - $15,000
	Franklin Virginia Tax-Free Income Fund	Purchase	3/4,4/9,5/24,7/6, 10/29	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child
amount owed during the year
Exclude Any mortgage on your personal residence (unless it is rented out). Loans secured by automobiles, household furniture, or appliances, and liabilities owed
spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000

Name	Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.
Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Matthew 28 Charitable Trust, Steve Saint, Trustee - To observe current situation & human rights of Huaorani tribe. Meetings with gov't officials	1/9 - 15	Washington, D.C. - Quito, Ecuador - Nemompade, Ecuador - Washington, D.C.	Y	Y	N	N
Americares. To assist humanitarian assistance to Kosovar refugees	4/3 - 8	Washington, D.C. - Albania - Washington, D.C.	N	N	N	N
International Foundation - Meetings with East European leaders, outreach, National Prayer Breakfast Activities	8/26 - 9/4	Washington, D.C. - Rome - Thessoloniki, Greece - Washington, D.C.	Y	Y	Y	1 day

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Co-chair (uncompensated)	Congressional Hunger Center (non-profit organization)
Member, International Council of Reference (uncompensated)	Stephen's Children (non-profit organization)
Member, Board of Advisors (uncompensated)	International Justice Mission (non-profit organization)
Member, Congressional Committee (uncompensated)	George C. Marshall International Center (non-profit organization)
Member, Board of Trustees (uncompensated)	Shenandoah University

Name	Page 1 of 1

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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HAND DELIVERED

(Office Use Only)

Lynn C Woolsey
(Full Name)

923 B Street
(Mailing Address)

Petaluma, CA 94952

Day-time Telephone (202) 225-5161

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 06	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Lynn C Woolsey	5/8/00

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Name Lynn Woolsey | Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset at close of reporting year

If you use a valuation method other than fair market value, please specify the method used

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A		Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples																															
SP	Mega Corp Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties												
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Advanced Fibre Comm.				X																X											
	Vodafone (Airtouch)			X										X								X										
	SBC Communications			X																IRA		X										
	Natural Resources			X																IRA		X										
	ML Fund Growth D			X																IRA	X											
	ML Cap. Fund B			X																IRA	X											

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lynn Woolsey

Page 3 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Putnam OTC Emerging Growth Fund			X																IRA	X											
	US Treasury Strips 0% 11/15/03			X																IRA	X											
	US Treasury Strips 0% 11/15/06			X																IRA	X											
	Nordstrom, Inc.			X																IRA			X									
	Citizens Trust			X																IRA	X											
	Liberty Funds Trust III Colonial Class A Growth Fund + Select Value				X															IRA	X											

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Name	Lynn Woolsey	Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Inter Management Development Inst	Jan 14-15	Wash., D.C. - Berlin (Germany) - Wash., DC	Y	Y	Y	5 Days
	The Faith & Politics Institute	March 5-7	Baltimore - Birmingham (AL) - Baltimore	Y	Y	N	— N
	Bi-Partisan Cong Retreat	March 19-21	Wash., DC - Hershey (PA) - Wash., DC	Y	Y	N	— N
	Nat Parks + Conservation Assoc	Aug 12-18	Wash., DC - Fairbanks (AK) - San Francisco (CA)	Y	Y	N	— N

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999	Form A For use by Members, officers, and employees

David Wu
(Full Name)

510 Cannon HOB
(Mailing Address)

Washington DC 20515
Daytime Telephone 202-225-0855

MC HAND DELIVERED (3)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State OR District 01	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

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CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/00

5080

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP Mega Corp. Stock DC *Examples* SP 123 Main St., Dover, Del. JT 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Seligman Communication Information Fund IRA	$1,001 - $15,000	Dividends	$1 - $200	
Lucent Technologies Stock IRA	$15,001 - $50,000	Dividends	$1 - $200	stock split
Merrill Lynch Cash Management/Money Market	$1,001 - $15,000	Dividends	$1 - $200	S
Loan to David Wu for Congress	$15,001 - $50,000	Loan Repayment/Interest	$50,001 - $100,000	
Hershey Stock - IRA	$1,001 - $15,000	Dividends	$1 - $200	

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Pfizer Stock - IRA	$15,001 - $50,000	Dividends	$1 - $200	stock split
	Microsoft Stock - IRA	$15,001 - $50,000	Dividends	$1 - $200	stock split
	Intel Stock - IRA	$15,001 - $50,000	Dividends	$1 - $200	stock split
	Cascade Oncogenics	$50,001 - $100,000	Dividends	None	
	Wright Patman Congressional Federal Credit Union Savings	$1 - $1,000	Interest	$1 - $200	
SP	1602 SE Flavel St., Portland, OR - house	$100,001 - $250,000	Rent	None	

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Harvard University Health Policy Conference	January 21-24, 1999	Washington, DC - Miami, FL - Washington, DC-	Y	Y	Y	3 days

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Director	Portland Youth Philharmonic
Director	Portland-Suzhou Sister City Association

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 4:47

Albert Russell Wynn
(Full Name)

11411 Lake Arbor Way - #711
(Mailing Address)

202.225.8699
Daytime Telephone

Mitchellville, MD 20721

MC HAND DELIVERED (1)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State MD District 04	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Albert R. Wynn	5-15-00

5085

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	
SP, DC, JT	Examples: SP Mega Corp Stock		X	X	P
	Indefinite Simon & Schuster		Royalties	X	
	1st Bank of Paducah KY accounts	X	X	X	
	7745 Gremont Street Hyattsville, MD	X	X	X	
	307 Todd Place Washington, D.C.	X	X	X	E
	MFS Emerging Growth Mutual Fund	X	X	X	P

For additional assets and unearned income, use next page.

5086

SCHEDULE IV — TRANSACTIONS

Name Albert Russell Wynn

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	526 Harry S Truman Drive Largo, MD		X		07/25/99	X									

This page may be copied if more space is required.

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	CMAC Mortgage Company	Mortgage 7745 Gremont Hyattsville, MD			X							
	Margaret Lucas 425 L St., NW, Washington, D.C.	Mortgage 307 Todd Place Washington, D.C.				X						
	Long Island Savings Bank Newark, NJ	Mortgage 3701 Bethwood Upper Marlboro, MD				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 12 PM 4:12

Rep. C. W. Bill Young
(Full Name)

2407 Rayburn House Office Building
(Mailing Address)

202-225-5961
Daytime Telephone

Washington, DC 20515

MC

HAND DELIVERED
Office Use Only

Filer Status	[X] Member of the U.S. House of Representatives	State FL District 10	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/11/2000

5089

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: for Example: Partnership Income or Farm Income)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction
SP	Mega Corp Stock					X								X										X								P
DC	*Examples* Simon S. Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
SP	Wright Patman FCU-IRA			X																				N/A								
JT	Wright Patman FCU					X										X								X								

For additional assets and unearned income, use next page.

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Name Rep. C. W. Bill Young	Page 3 of 3

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Raytheon Systems Co. (speech)	9/20/99	Washington, DC - St. Petersburg, FL - Washington, D.C.	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 12 PM 1:04

MC (7)

DONALD EDWIN YOUNG
(Full Name)
2111 RAYBURN HOUSE OFFICE BLDG
(Mailing Address)
WASHINGTON DC 20515
202-225-5765
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: ALASKA District: AT-LARGE	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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TRUSTS– Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Don Young	5/11/00

5092

Name	Page
D E YOUNG	2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech*	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF ALASKA	LEGISLATIVE & TEACHERS PENSION	$4,272

For payments to charity in lieu of honoraria, use Schedule II.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E, P
SP	Mega Corp Stock					X								X										X								
DC, *Examples:*	Simon & Schuster		Indefinite																	Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X									X							
	PUTNAM FUND FOR GROWTH & INC						X									X								X								P
	STATE FARM INSURANCE				X											X							X									
SP	WRIGHT PATMAN CONG.																															
	FEDERAL CREDIT UNION IRA			X										X		X							X									
	WRIGHT PATMAN CONG.																															
	FCU IRA					X								X		X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	NEW YORK LIFE INS.		INTEREST	III	
	2835 ALDERBERRY TRAIL FAIRBANKS, AK	E			
SP	GWITCH YAA ZEE NATIVE CORP	C		I	
	ALASKA GOLD LTD PARTNERSHIP CAITHNESS, Mgmt. NYC, NY	C		I	
JT	STATE OF ALASKA PERMANENT FUND	A	DIVIDENDS	V	
	WRIGHT PATMAN FCU	D	INTEREST	III	

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	PUTNAM FUND FOR GROWTH & INC	X			PERIODIC RE-INVESTMENT	X									
	2835 ALDERBERRY TR, MORTGAGE REFINANCING			X	1/99		X								
	A.A PRODUCTION, INC LUBBOCK TX	LEASE LAPSED			1/99										

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	NAT'L BANK OF ALASKA	MORTGAGE ON 2835 ANDERBERRY										
		TRAIL, FAIRBANKS, AK		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	SAFARI CLUB INTERNATIONAL	1/20 - 1/24	DC — RENO — DC	Y	Y	Y	N

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